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## SOCIETY AND ORGANIZED MEDICINE*

CHARLES GORDON HEYD, B.A., M.D., F.A.C.S.†

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Society, meaning thereby the sum total of all of the activities of its members, is activated by a definite organic law. It exhibits the biological evolution of progressive gradations from a simple to a complicated organization. In this development the individual members of society have at all times, in varying degrees, required medical services. It is the duty of physicians, individually and officially through their state and national medical associations, to safeguard that service and to protect the public from malign invasions from non-medical sources.

I. The fundamental object of medical practice is to provide and make available adequate, effective and efficient medical service at all times for every member of the community, regardless of race, color or creed.

II. In general, medical service as provided today is in a large measure effective and efficient although not always adequate or available.

III. The payment to physicians for medical service is not the large item in the so-called cost of medical care, as less than 50 per cent of hospital patients pay any fee to their doctor.

IV. There is no logical reason for believing that the professional item for adequate and effective medical service in the cost of medical care can be materially lessened or reduced. On the contrary there are many reasons for believing that it will be increased, as it must eventually have added to it a charge for professional services.

V. The doctor is a citizen and must discharge all of his obligations of citizenship the same as any other member of the community.

VI. The doctor is entitled to a monetary return for his labor that is fair and commensurate with his services, training and experience. The fact that the practice of medicine is a profession does not mean that the doctor shall continue to work under a system that is ethically wrong and economically unsound. The doctor must be paid for his services in order to function as a useful and contributing member of society.

The cost of the professional item in medical care is not excessive but rather moderate when compared with other items in the cost of living and the enjoyment of luxuries. The cost will not diminish but tend to increase because it must include a fair and adequate compensation for the professional service rendered by the doctor. To continuously and constantly keep on increasing the load upon the backs of the individuals who do and must pay, and at the same time increase the number of those who are carried free when able to pay, means a breakdown in the social economic machine.

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†Dr. Heyd graduated, B.A., from the University of Toronto, 1905; and M.D., Buffalo, 1909. He served as interne and House Surgeon, New York Post-Graduate Medical School and Hospital. He had war service, A.E.F., two years, from which he retired as Major. He was president, Medical Society of the County of New York, and president, Medical Society of the State of New York. He is at present president of the American Medical Association.

The medical service provided by the doctors in the last thirty years has on the whole been effective as is indicated by a study of the mortality rate in 1900 as compared to the mortality rate in 1925. If the medical service given to the middle class (white collars) was ineffective or inadequate, then we should expect to find that as a class they suffered from such defects of medical service. This is not apparent because the decline in modern mortality is impressive. Mr. Wolman has calculated that, based on the death rate obtaining at the beginning of the century, in 1925 there would have died 1,962,999 persons, but actual deaths were only 1,398,673 persons, an actual saving of 573,326 lives.

The history of the United States exhibits in many of its details the progressive changes whereby society has advanced from a simple form to that of a complex organization. From the founding of America at two significant points—New England and Virginia—there was a progressive evolution of the individual as such into groups. For almost a century individualism remained the distinctive quality of American life. Later the individual was to pass into a group as a result of two distinctive social conditions: (1) industrialization with urban concentration and (2) the closure of the western frontier. Jackson in his "The Frontier in American History" interpreted these social forces in terms of American democracy. Without straining at phrase making, one may in some measure discuss a frontier in medical practice. At the time of the American Revolution medical practice was developing as a native product with representative practitioners exhibiting qualities of high courage and great medical character. McDowell in 1809 performed the first reported oöphorectomy; he was preeminently an individualist in the practice of medicine, possessing all the workable knowledge in medicine of his day, plus the pioneer and exploring spirit which today might be called the spirit of research and discovery. Our physicians of that day turned to the great medical centers of Europe: Paris—which gave inspiration to the New England schools of medicine, and later to Edinburgh which is more properly identified with the development of the medical schools of Philadelphia and Canada. In 1790, 90 per cent of our people were engaged in agriculture. In 1850 one-half of the total wealth of our country was farm wealth. In 1890, 30 per cent of our population were farmers. In the intervening one hundred years America exhibited two fundamental traits of organized social development. First, the rise of the city with a more industrialized north, and which became a significant prelude to the Civil War, and secondly, the westward extension of the frontier — the individualist — the pioneer crossing our Western mountains in successive waves and finally reaching the Pacific. By 1890 all the free lands had been preempted by settlers and the individual and pioneer stage of American life became moulded into various forms by the development of "pressure groups." Since 1890 our population has doubled and our graduate students of institutions of higher learning increased over 1600 per cent, representing a huge upsurging of highly trained individuals. In 1905 we had 165 medical schools and today 65, yet the number of physicians graduated annually is approximately the same as when 165 medical schools were in existence. Our annual production of doctors exceeds our annual death rate of physicians by some 1,400.

Medicine, both in practice and as a part of pure science, utilizes every discovery in physical science which may prove useful in the broad field of medical practice. Medicine again is unique in that its own professional discoveries may be and are utilized by non-medically trained technical experts and put into practice for the prevention of disease. The discovery of the bacillus typhosus and the knowledge that typhoid was a water-borne disease enabled the hygienic engineer to protect the source of drinking water, and practically annihilated typhoid fever. The discovery of the role of the mosquito in the transmission of malaria and vellow fever by physicians made possible the building of the Panama Canal and changed a "plague spot" into one of the healthiest areas in the world.

One would indeed be blind and thoughtless if he were to assume that the general domain of medicine would not participate in some of the fundamental changes that came into business. From 1900 the idea of "bigness" became imbedded in the minds of most of our people, with the corollary that bigness, per se, represented increasing social values in medical practice. Medical service cannot be fabricated like an automo-

bile. Modern industry has demonstrated that in the mechanical arts fabrication is possible and the final product is exactly the same irrespective as to the number of units produced. It is an automatic procedure and the cost of production can be cheapened by mass production. Curative medicine is not the fabrication nor the assembling of parts. It is the study of a disease in an individual with his own peculiar personality and hereditary background, under varying conditions of environment and financial competency. Preventive medicine to a certain extent is capable of responding to the application of mass production. Patients' secretions may be analyzed, temperatures taken, physical examinations made, complete X-ray surveys carried out. All the data can be put on cards so that you have a complete record of the individual's physical state. But, you cannot cure that patient or tell him how to live by handing him a slip of paper, advise him to read it and carry out his own treatment, his own preventive medicine. At some place in the final analysis there must be a personal touch and a psychological evaluation of the patient in regard to the advice that is given to him.

It is not my purpose to argue whether the sum total of benefits derived from mere "bigness" have been warranted, but rather to indicate that the practice of medicine has of necessity been obliged to conform to the power of superior social organization.

The increasing effectiveness of the automobile has made good roads inevitable and in our populous states there exists no such condition as rural practice, and medical practice has been largely located in our big cities. The beneficent climate has, for example, attracted so many physicians to California that the unit of population per physician is numerically so small as to have introduced severe social and economic problems for the physician, quite aside from either his ability, training or medical aptitude.

The development of Workmen's Compensation Insurance in most of our states has necessitated many changes in medical practice. For example, the state of New York in its desire to protect workmen injured in industry, in 1911 passed the first Workmen's Compensation Act. Injuries and impairment of function were made a direct charge upon industry. Up to this time industry was little concerned with the practice of medicine. The larger monopolistic industries began immediately to develop medical services of their own type and manufacturers of lesser importance entered into a contract practice with the local physicians. This became so prevalent that in some states —West Virginia—it is stated that 25 per cent of the practitioners are employed on a contract basis with various types of industry.

In the two decades following the enactment of the Workmen's Compensation Law in New York, the abuse of medical practice, the prolongation of illness, resulted in such widespread abuses that the Governor of the State of New York appointed a Commission to inquire into all phases of Workmen's Compensation. It is significant that the Governor turned to Organized Medicine and appointed a medical commission which, after laboring for eighteen months, made a report in 1934 and which resulted in the amendment of the Workmen's Compensation Law. This amended Law was significant in a number of particulars: (1) it recognized the Medical Society of the State of New York as the official governing body of the physicians; (2) in the Law the President of the Medical Society of the State of New York was charged with devising a classification and rating as to the competency of the physicians engaging in Workmen's Compensation practice; (3) The Medical Society was to recommend to the Commissioner of Labor a fee schedule; (4) there was to be created in each county a tribunal for review and hearing of complaints; (5) the patient was to have free choice of his doctor. In this Law we see the legal association of the organized medical society with the State in distributing effective medical service to a special class of its citizens. This phase of social change is significant of the evolutionary process of medicine. I was personally in contact with all of the details that preceded the amended Law and am in a position to inform you that the medical profession of the State of New York were given the fullest and widest power in connection with the Law and to the satisfaction of the citizens, the Medical Society of the State of New York and to the physicians.

The story of physicians is perhaps as accurate an expression of the social conditions in various times in history as any

index could be. Irrespective as to the ancient society, be it Roman or Grecian, the doctor was, as a group, set off from the rest of society. It is almost universally acknowledged that the training a young man receives in the practice of medicine develops discipline, studious and sober habits, and increases his moral worth to the community. In addition, his interneship and the personal service in treating sick people in some measure enhances the quality of his citizenship and enlarges his ethical concepts. His services are without time limits and have been dispensed freely at all periods of human history. Yet the physician participates in all of the obligations that society imposes upon him and is susceptible to the various defects of judgment, occasionally of honesty and character, to which all flesh, in some measure at least, is heir. At an early period of history the physician individually and collectively developed a special mental viewpoint in regard to society. This became organized into a system of ethics, the basic principles of right action—"Do unto others as you would that they should do unto you." Side by side with this ethical conception of medicine there arose certain civil codes of practice. In 2600 B.C. the Code of Hammurabi indicated by its penalties that some sort of control was exercised by society upon the practicing physician. Undoubtedly this was a civil code prescribed by the then existing authorities and had in it all of the rigors of penalism. It was succeeded after 2,000 years by the Hippocratic Oath and when physicians pledged themselves by this Oath they merged their individual personalities into a medical organization. From the time of Galen and the intellectual void of the Dark Ages, medicine finally emerged into an era of great medical discoveries. The practice of medicine is universal and donates its discoveries to other physicians the world over. It was natural that the organized medical society should become the clearing house of medical knowledge and health information. The Royal College of London, the Academy of Paris, and the Medical Societies of New England and Philadelphia bear witness to the logical development of this function. From time to time it became necessary for medical societies to embrace new functions in response to the social environment in which they were developed. One of the first ancillary functions was that of legislation where the physicians were instrumental in obtaining standards for the admission of individuals to practice medicine and at the same time to prevent inadequately educated and improperly trained men from assuming the immemorial functions of a physician. At a slightly later period, a judicial function was assumed by the local medical society, its purpose being to keep a watchful eye upon, let us say, some of its weak, if not erring members.

From 1900 up to the time of the World War marked changes in the economic aspect of the practice of medicine were becoming apparent. It became necessary for medical societies to enter upon another phase of activity. This phase may be broadly spoken of as the economic problem of the practice of medicine.

There are certain problems with relation of the physician to society that must be handled in the county unit—contacts with local boards of health, etc. There are certain problems that must be handled by the State—such as Workmen's Compensation. There are certain problems that must be reserved to the national body—the American Medical Association. It must be apparent that the local unit might have the strength of a medical giant. One has only to bring to mind such a contrast as the local society of ten or twelve members in comparison with the Medical Society of the County of New York, with its four thousand members. It is axiomatic that medical practices, if they be good and found true by experiences, would, by the very nature of things, have a wider application, first in the county, then in the state and finally in the federated body of the United States. So in the course of years, not without struggle, not without occasional obscurity of judgment and not without personal animosity at various times and under varying conditions, there has come into being the national medical organization—the American Medical Association. There is a habit among unrestrained speakers and loose thinkers to talk of "medical trusts" and of "medical politicians" and deride the code of ethics. It must be accepted as a fact that until all too recently many of our most scientific and outstanding physicians have been inclined to indicate that their practice was somewhat superior to medical organization. It is most gratifying to know that this spirit is, to a large extent, passing

away. From time to time we hear a great deal derogatory to medical ethics and within recent times the code of medical ethics has been declared "bunk." Fate, political chance and accident elevate men of varying ability to high places whereby they speak with authority but it does not always follow that the mere elevation of a particular man to a place of political prominence at the same time raises his intelligence or increases his capacity for clear thinking. History records innumerable instances where an individual has abrogated to himself all knowledge and set up a personal opinion as divine wisdom.

An inherent part of the free soul of medical organization is the code of ethics. The code of ethics was devised, given form and longevity and endowed with a soul for the primary purpose of benefit to the community. It defines the duties of a physician to his patients and the fundamental purpose is to protect the patient and to assure to him correct treatment, right conduct and personal responsibility upon the part of the physician. In its broad scope it defines the relation of a physician to another physician, and demands of every member of the Society a high standard of honor, personal integrity and conduct of a gentleman.

Are rules for good conduct and professional practice archaic? Has honesty, courtesy, fair dealing, gentlemanly conduct, good citizenship and the general purpose of the golden rule become archaic, old-fashioned or useless? Hammurabi the wise, Moses the lawgiver, Jesus Christ the loving, Buddha Gautama the dreamer, Confucius the philosopher, Mohammed the militant, all promulgated principles of ethics. Can it be successfully maintained that society would be better without the Ten Commandments? Can anyone believe that society is worse because of the Golden Rule?

The Code of Ethics is a simple collection of precepts for good conduct. It appeals to all physicians for honorable dealing, for good will, courtesy and instinctive honor. It is not archaic, and there is not a single statement in that Code of Ethics that is contrary to our conception of right conduct and good citizenship.

We maintain that the Code of Ethics is an essential part of the practice of medicine and it cannot be lightly discarded and any program that has for its purpose the extinction of the code of ethics conduct between physician and patient is destructive and against social welfare.

Society has an equal responsibility to the physician. It cannot hamper nor destroy one arm of its organization without grievous injury to its own life and well being.

Society seems to be inundated by a false philosophy that goes by the name of "Security." We may take a short-sighted view of our condition and strive for ephemeral benefits that may in the long run be pernicious and fatal to society. To regiment the medical profession and to confine it within the fixed and arbitrary limitations of state or federal administration, with the interposition of a bureaucratic and politically endowed third party between the patient and the physician, will be to inhibit medical discovery, retard preventive medicine and give inadequate medical treatment to our people. Such a condition will mean that progress in scientific research will be determined by the rude test of utility. Research in pure science will be discarded and scientific progress arrested. This is a short range point of view. A long range point of view in regard to the future of medical progress will take into consideration the greatest number of our population—those individuals still to be born. To look after their interest should be the task ahead of organized medicine. The doctor will be concerned not with the false philosophy of the "abundant life" but with a useful life.

I sometimes wonder if our local societies are not too active in affairs which, while having a local interest to them in their individual capacity, are detrimental to the medical profession as a whole. A local society can pay too dearly for some temporary benefits and lose, as a result of separatism and division of opinion, their secure and useful position in the community.

The history of modern medicine shows an unusual number of special medical societies and in their labors they have reached a high plane of usefulness. The professional specialistic standards which create the specialists in medicine must have a national standardization and it is not without significance that the American Medical Association has set up some fourteen qualified certification or registration boards in order to formulate standards of competency in the various specialties. It is, however, unfortunate that special societies of limited membership and to which all competent physicians with-

in their specialty can never hope to obtain admission, should concern themselves with functions other than scientific medicine.

The contact of physicians with society and with legislative authority must rest with the real structural units of our organization—the County Society, the State Society and the American Medical Association. The State Medical Societies by means of their delegations to the A. M. A. can assist in arriving at that unanimity of opinion whereby the medical profession may speak as a united body on all questions concerning society and the physician.

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# COMPARATIVE ANATOMY AND PATHOLOGIC PHYSIOLOGY OF THE ADRENAL-SYMPATHETIC COMPLEX WITH RELATION TO THE GENESIS AND SURGICAL TREATMENT OF ESSENTIAL HYPERTENSION*

GEORGE W. CRILE, M.D.
CLEVELAND, OHIO

If we grant that the adrenal medulla-sympathetic mechanism plays a dual rôle, namely, that of governing the speed of oxidation in the organism and that of speeding instantly the transportation of oxygen to the tissues, then it follows that a pathologic physiology of that part of the adrenal medulla that secretes adrenalin must cause a disease separate and wholly different from a pathologic physiology of the specific mechanism that speeds the circulation of the blood, although one can well see that in certain cases there might be an overflow of activity from one mechanism to the other. A typical sign of a pathologic physiology of the mechanism that speeds the circulation of the blood is a rise in the constant level of the diastolic pressure, that is, essential hypertension. In hyperthyroidism the diastolic pressure remains normal; in hypertension the diastolic pressure is always raised. In hyperthyroidism the pulse pressure is increased; in hypertension the pulse pressure is maintained at the normal ratio. For example, at the normal pressure of 80 diastolic, and 120 systolic, the ratio is 2:3. In a case of hypertension in which the pressure is 140 diastolic and 210 systolic the ratio is still 2:3. In contrast, in hyperthyroidism a diastolic pressure of 70 might be accompanied by a systolic pressure of 140—a ratio of 1:2. Following either thyroidectomy alone or denervation of the adrenal gland alone the pulse pressure falls to normal. This reduction of the pulse pressure to normal is at the expense of the systolic pressure, while the diastolic pressure remains unchanged. Of course, as is to be expected, there are exceptions to this rule.

In hyperthyroidism *the heart rate* is rapidly accelerated; in hypertension the heart rate is usually normal; while in both hyperthyroidism and in hypertension the heart thrust is increased. In each the heart is hypertrophied.

*Coronary disease* is rarely associated with hyperthyroidism; coronary disease is not uncommonly associated with hypertension.

In hyperthyroidism *emotionalism* commonly occurs; in hypertension emotionalism rarely is present in the early phase of the disease but in the malignant phase there may be emotionalism, but of a lesser intensity than is present in hyperthyroidism. In many cases of malignant hypertension there is an increase of oxidation (metabolism) but in the early phase of hypertension there is usually no increase in oxidation; in hyperthyroidism there is from the beginning an increased rate of oxidation. Whether or not the increased rate of oxidation (metabolism) in hypertension is due to a pathologic overflow from the activity of the celiac-aortic plexus and, therefore, represents a partial hyperthyroidism is a nice point.

Since, as we shall see, the entire adrenal medulla-celiac-aortic sympathetic mechanism is a complex energy-accelerator and since it is related to the only source of animal-energy—namely, oxidation; since

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critical clinical analyses show there is a group of diseases which have their origin in a pathologic physiology of this or that sector of this complex, and since not uncommonly there are several concomitant diseases, let us consider the several parts of this complex mechanism in order to see how each part fits into the normal as well as the pathologic physiology. The principle underlying this ensemble was stated in the Ether Day Address given in 1910.

In 1924, Elliot discovered the presence of sympathin in all sympathetic nerves, the function of which is to accelerate oxidation. However, the significance of sympathin could not have been foreseen prior to the establishment of the electrical properties of protoplasm which denote the presence of electrical stimulation in normal as well as in pathologic physiology. The power of oxidation to generate electrical energy may well prove to be the missing link in accounting rationally for the pathologic physiology of the adrenal-medulla-sympathetic system.

### Effect of Adrenal Denervation on Hyperthyroidism and on Hypertension

In the great majority of cases hyperthyroidism is cured by thyroidectomy, but from the experience of many clinics and certainly in our own follow-up it would appear that there are certain cases of hyperthyroidism, say, two in one hundred, that even repeated thyroidectomies can not cure. In these cases the disease is abated or cured by denervation of the adrenal glands. Likewise, that clinically analogous disease, neurocirculatory asthenia (when uncomplicated by psychoses or psychoneuroses) is abated or cured by denervation of the adrenal glands.

Hypertension is not cured by thyroidectomy, but adrenal denervation relieves the symptoms; in most cases temporarily lessens the hypertension; and in cases in young people and in early cases may give permanent relief, but this operation alone is not a specific treatment for essential hypertension. The operation must be extended to include that part of the adrenal-sympathetic mechanism which is more immediately concerned with speeding the circulation of the blood, that is, the celiac ganglia and the aortic plexus.

### The Function of the Adrenal Sympathetic System

The adrenal-sympathetic system consists of two parts: one, the basic system, namely, the ganglia and sympathetic nerves in the walls of the arterial tree, and the other, an accelerating mechanism of the basic system, namely, the adrenal-medulla, celiac ganglion, celiac plexus and aortic plexus. This entire accelerating mechanism may be removed yet the basic system will continue to function. The basic system involves the innervation of the entire arterial tree, including, according to Krogh and McDowell, the capillaries. If all the capillaries in the body of a man were placed end to end, as computed by Krogh, they would extend for 150,000 miles, and since every one of the billions of cells of the liver and of many other organs is supplied with a sympathetic terminal, it follows that the entire network of sympathetic fibres in one human being, if extended, would be, let us say, long enough to encircle the earth six times, and it supplies energy to more cells than all the telephone receivers and light bulbs in all the world. Together these facts give us the master fact that the electric system of the human being is unparalleled. It is a power system, the accelerating mechanism of which, with the speed of a fulminate, changes the rate of oxidation adaptively while the celiac ganglion and the sympathetic complex flash electric stimulation into the network of the entire vascular system, thereby distributing electrical stimulation throughout the sympathetic innervation of the vast vascular system, supplying the oxygen required in crisis quantity and simultaneously sending stronger impulses over the sympatheic nerves to the liver, thus causing an increase in the output of glycogen from the liver into the speeded-up blood stream which carries oxygen. Other adaptive impulses of the sympathetic system arrest the normal activity of the gastro-intestinal tract and of the sex glands. This power station of the sympathetic system is linked indissolubly with the power station of the locomotor system, namely, the brain, which, in turn, activates the voluntary muscles, hence both the brain and the adrenal sympathetic system are adaptively stimulated by the special senses and by common sensation. Without the thyroid-adrenal-sympathetic mechanism, the brain and the voluntary muscles could do little to vary the speed of the

animal, for the brain and the muscles depend on oxidation for power. The speed of oxidation is governed by the thyroid-adrenal-sympathetic mechanism.

As the result of continued or repeated activations, pathologic physiology of this or that part of the neuro-muscular glandular system may be initiated. A pathologic physiology of the neuro-muscular mechanism produces pathologic muscle tone, as seen in contractures, tics and convulsions. Pathologic physiology of the sensoreceptor mechanism of the brain causes nervousness, psychoses, psyco-neuroses; a pathologic physiology of the sugar-mobilizing system causes diabetes; a pathologic physiology of the sector of the sympathetic system that inhibits the digestive processes may cause peptic ulcer, indigestion, spastic colitis; a pathologic physiology of the sympathetic innervation of the pituitary gland may produce a large body frame, or acromegaly; a pathologic physiology of the sympathetic innervation of the heart produces tachycardia; a pathologic physiology of the sympathetic ganglia, presiding over the arteries of the extremities, causes Raynaud's disease; a pathologic physiology of that part of the sympathetic system that supplies the thyroid gland causes hyperthyroidism; a pathologic physiology of the part of the adrenal sympathetic system that governs diastolic blood pressure, and the force of the heart beat, that is, that governs the arterial tree, causes essential hypertension.

Let us now test this theme in the light of certain characteristics of man, in contrast to other species of animals. Since man is the only animal that has gained control of energy outside his own body; since this control of energy outside of himself confers upon man competitive advantages possessed by no competing animal, man rose to higher powers in spite of his small numbers as compared with the vast hordes of great and small beasts. This was accomplished through the rising power of the brain, the thyroid, and the control of the adrenal sympathetic system. The creation and the management of the network of mechanisms requires man to be on duty with the machine which he has created, all day and all night. So we see in man a unique rise in the energy-controlling mechanisms and we find that the ratio of the weight of the energy-controlling mechanism—the brain, thyroid, and adrenal sympathetic complex—to the body weight is greater in man than in any other animal of comparable size. Granting his size, man is the most highly developed energy mechanism.

Through his intelligence, man has so planned his schedule that he can do his work at a walk, hence the unique size of his thyroid gland, the weight of which bears a larger ratio to that of the brain than in any other animal. One would expect that this would be the case since the rôle of the thyroid gland is to set the rate of oxidation at this or that constant level while the adrenal-sympathetic system gives plodding man his flash of color in courtship, in mating, in hating, in fearing, in fighting. As a corollary, man, therefore, in the constant driving in his autocaptivity develops pathologic physiology in the only tissue that has memory, namely, in nerve tissue. In this memory tissue, man sets up, by excessive use, abnormal non-adaptive and harmful activities, that is, a pathologic physiology, peculiar only to civilized man.

We have stated that a pathologic physiology may affect that part of the adrenal-sympathetic mechanism that speeds the circulation of the blood. On what basis may we conclude that the adrenal-sympathetic mechanism, especially the celiac ganglia and the aortic complex, speeds oxidation and transmits the resultant energy directly into the walls of the entire arterial tree even to the walls of the arteries and capillaries? It was significant to find in studies of the comparative anatomy of the adrenal-sympathetic mechanism that a large and complex adrenal-sympathetic system is always accompanied by a large heart, large arteries and an intricate complex which adheres closely to the aorta.

In powerful and energetic animals such as the lion, the adrenal-sympathetic mechanism is very complex and the animal has a large and powerful heart, whereas, in a sluggish animal like the alligator, there is a simple, uncomplicated adrenal-sympathetic mechanism and the ratio of the weight of the heart to that of the animal is only 1:1192 as compared with 1:186 in the lion. As one studies the ascending scale of animal life, one finds the celiac ganglia and celiac complex growing larger and approaching the aorta until in man the celiac complex is closely adherent to the aortic wall. From this complex and from the sympathetic mechanism extend fibres which lie in the

arterial walls, even entering the walls of each arteriole and capillary. By means of this complex system the energy generated by the sympathetic complex is transmitted to every part of the arterial tree. Therefore, if a pathologic physiology of the adrenal-sympathetic mechanism is present, excessive energy is transmitted to the arterial tree with resultant contraction of the arterial walls and essential hypertension results. It must be borne in mind that the larger and more complex the system the greater the number of nerve endings, and, since it has been demonstrated that sympathin is secreted at the nerve endings, the greater the number of nerve endings the greater the amount of sympathin secreted, and hence the greater the resultant oxidation throughout the system.

It would follow, then, that by removal of the celiac ganglia and direct denervation of the aorta, the spasm resulting from the pathologic physiology of the sympathetic mechanism will be relieved and the resultant essential hypertension will be abated or cured.

We have now performed this operation in 28 cases. The immediate result is a dramatic fall in the blood pressure which may amount to as much as 150 mm. of mercury, while the pulse rate remains practically unchanged. This immediate fall in blood pressure is followed by a temporary rise after which the blood pressure falls again until when the patient is discharged from the hospital it is well below the blood pressure on admission, the average fall being 57 mm. systolic and 30 mm. diastolic. It is still too soon to form any judgment as to the ultimate end-results, but in eleven cases in which the patients have been followed for periods varying from two weeks to four months the average blood pressure shows a fall of 44 mm. in the systolic and 25 mm. in the diastolic pressure. In every case, symptomatic relief has been experienced; headache, palpitation, nervousness, et cetera, disappearing while the patients were still in the hospital.

On the basis of such results we feel justified in continuing to employ celiectomy and denervation of the aortic plexus in the treatment of selected cases of essential hypertension, especially in the malignant phase.

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## ORGANIZED MEDICINE*

**H. E. PERRY, M.D.†**
**LANSING, MICHIGAN**

Over and over again, I wish to say that I greatly apppreciate the honor which the Society has conferred upon me by making me its President for the coming year. Dr. Penberthy said a year ago he was following in the footsteps of a long line of distinguished gentlemen, leaders in their fields of medicine. I, too, am following that line but it is a little longer than a year ago, and so distinguished that I am filled with humility, and fear for my shortcomings. However, while working with medical organizations during the past thirty-five years, I have made many strong friends and I hope to make many more this year, and on these good friends (whom I value highly and sincerely appreciate) I am relying to help carry me through.

I want to talk, a short time this evening, on a subject which I think is very important: Organized Medicine. Some may say "Why Organize?" This must be done for many reasons: First, to stimulate and improve members along scientific lines. Every physician in our state must keep abreast of the times scientifically in order to give the public the best medical service possible. The physician who attends no post-graduate courses, and buys no new books, soon finds himself high and dry on the banks as the stream of knowledge, new discoveries, new methods of doing things rush on, to be absorbed by the more progressive members of our profession. It is gratifying to us older members of the profession in organized

*Address of President-Elect delivered before the Michigan State Medical Society on President's Night, September 23, 1936, Detroit.

†Dr. Perry is president of the Michigan State Medical Society. He was graduated from the Michigan College of Medicine and Surgery in Detroit in 1897, and also was graduated from the Northwestern University, Chicago, with the class of 1904. Following 1904, he spent six months as interne at the Battle Creek Sanatorium. He entered private practice at Newberry, Michigan, as a partner of Dr. Frank P. Bohn, a partnership which lasted twenty-five years. Dr. Perry was elected to the Michigan State Legislature in November, 1932, and served through the years 1933-1934. He was a candidate for the legislature in 1936. He is in private practice at Newberry, Michigan, at the present time.

medicine to note the large number of busy doctors who avail themselves of post-graduate study each year. The public should know this, as the doctors are doing it for them. Good doctors throughout our land realize the responsibilities which rest on them in dealing with the health and lives of our people.

### Order

Order is God's first law. To have order, we must have organization. A hit and miss system is not conducive to order. The physician's Guild (symbol of order) is his medical society. It is the only organization which holds his interests paramount, and therefore the interests of the public he serves. Allegiance to the medical society on the part of the physician is merely allegiance to himself and to his ideas and ideals.

Greater unity and more interest and enthusiasm by the individual practitioner of medicine in his county and state medical society, in organized medical activities and efforts is recommended. The county society can no longer be looked upon as a scientific debating club. Modern vicissitudes call for modern treatment. The members of our medical societies must look at the actual real problems of our present day existence and solve them in a practical, modern way.

### Medical Economics

The social aspects of sickness (medical economics) must be faced squarely by medical men. The doctor who insists that his county medical society must be 100 per cent scientific is not true to himself, his family, or his colleagues. He is an ostrich with his neck deep in the sand. If the social aspects of sickness represent forty or fifty or sixty per cent of the doctors' problems of practice, then, that very same percentage of our medical society's attention should be accorded to said important subject. I assure you that the social workers and other groups interested in the distribution of medical service are far more interested in the social aspects than the medical man himself, around whom the whole service pivots and without whom medical service would not exist to be so freely "distributed."

Organize for order. Build up your county medical societies. Strengthen our State Society. Develop the district. Encourage the regional meetings of two or more Councilor Districts. To insure the permanence of the regional group which has proven to be so very successful in neighboring states, the election of a president and secretary for a term of three years in each region is recommended. The Michigan State Medical Society will assist in all ways possible towards the development of live regional groups, I feel sure.

Medical care is a service. It has an economic value the same as any other commodity has value. The vendor of medical care is just as much entitled to remuneration for his services as the vendor of food, fuel, clothing and housing. This is a plank in our platform which every man and woman in our state must know, realize, and remember.

### Preventive Medicine

Let us be modern! With curative medicine being more and more circumscribed as diseases are eradicated by new discoveries, Preventive Medicine offers a large field of possibilities. The progressive physician is taking advantage of this recent advance in medical procedure. The public has already received training regarding its benefits and wants preventive medicine. It represents an opportunity of service second to none in the field of science and art.

### Social Security and Health Insurance

The implications of the social security law in Michigan probably mean a change in our welfare laws. If we can take the experience of neighboring states, we can expect, in Michigan, next January, February, March or April that this change in laws may represent an opportunity to irregular and back-door pratitioners to try and chisel into the domain of the crippled child, the afflicted child, and the dependent child, and seek privileges equal to those of the medical doctor, without the necessity of slaving years to gain the knowledge and experience fitting him to care for these poor and suffering people. This would indeed be serious, as the health of the public is too precious to gamble with.

The visionary talk of health insurance should be substituted by a more practical and very necessary talk of job assurance. Give every worker a job and enough wage to pay his bills and more. Then, the problem of distribution of medical care will not exist. Government (of all types) should stay out of the practice of medicine for the good of

the public and medical progress. Leave medical practice to medical doctors who are fitted for the job by training, experience and legal qualifications.

### Sound Principles of Medical Practice

Doctors, hold fast to the principles that have been tested and proven dependable throughout the years of medical practice and progress. Fight crusadingly and unabatingly against the wild experiments of fanciful and inexperienced dreamers who would change all, just for the sake of change, despite direful consequences to our people.

With us, the people come first and their health interests are commandments for the medical profession. This has been true since the day of Hippocrates and can never be changed, so long as doctors of medicine hold steadfast to their principles of order, ethics and endless education.

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## ALLERGIC SHOCK

**MERLE PIERSON, M.D.†**
DETROIT, MICHIGAN

The frequency of severe reactions following such usually innocuous procedures as skin testing by the scratch method, the injection of diphtheria toxoid, or the taking of certain drugs as antipyrine, is not generally appreciated. Dr. Waldbott, however, in recent articles[3,4,5,6] has reported a series of such reactions. To these I wish to add brief summaries of six cases seen in private practice.

### Case Reports

*Case 1.*—C. M. was first seen January 26, 1932, at the age of two and a half months because of a generalized dry eczema. His mother had had eczema as a child and now has hay fever. His father's cousins are allergic. On June 7, 1932, immediately following the ingestion of a small amount of raw egg white, he vomited forcibly through his nose and then developed a generalized giant urticaria with edema of the eyelids. The remainder of his first year was characterized by numerous attacks of rhinitis and bronchitis. March 18, 1935, a large wheal followed the application of powdered egg white to a small scratch on the back. The next day his face was badly swollen, and he had a temperature of 102 with wheezing and dyspnœa.

*Case 2.*—This child developed like the first a generalized delayed reaction following a scratch test but no immediate skin reaction. His allergic manifestations have always been confined to the respiratory tract which may account for his lack of dermal response. Clinical sensitizations to timothy and ragweed with negative skin tests[1,6] have been reported previously.

G. S., a member of an allergic family, was first examined June 21, 1932, at the age of three years because of a history of frequent attacks of asthma and pneumonia (allergic ?). At times, he would become white and collapse. A roentgenogram taken December 15, 1934, showed a pan-sinusitis but no chest pathology. Specifically, there was no enlargement of the thymus.

July 11, 1935, he had been coughing for three weeks but this temperature was normal. He showed, however, certain prodromes which led his mother to expect the onset of severe respiratory symptoms; he slumped, his abdomen protruded, he looked tired, and his face had a bluish cast. Although a previous scratch test for sensitization to timothy had been negative, he was again tested and with the same result, July 12, he was limp, cyanotic, his lips cherry red, his breathing rapid, his temperature 103.[2] Epinephrine controlled his symptoms so that in twenty-four hours his temperature was normal and his cough improved.

The sequence of events in this case is such that one suspects the absorption of allergen from the scratch as the precipitating factor although it is impossible to prove that the symptoms would not have developed regardless of the test.

*Allergic Reactions to Injection of Diphtheria Toxoid*

*Case 3.*—J. M., sixteen months old, with a previous history of eczema, was given on January 26, 1935, a first injection of 1 c.c. of alum precipitated diphtheria toxoid subcutaneously. January 28, he had a rhinitis and on January 29 hoarseness and croupy cough with a temperature of 104. On examination, few breath sounds were heard and the chest wall seemed fixed in inspiration. That the toxoid was responsible for the reaction is indicated by a second case where two days after the injection of 0.5 c.c. of diphtheria toxoid (not alum precipitated) an eight months old girl had an attack of croupy cough and hoarseness with elevation of temperature to 103. She has since developed an eczema.

That my two experiences with delayed allergic manifestations in the respiratory tract following the injection of diphtheria toxoid are not isolated, is indicated by a query in the *Journal of the American Medical Association* for January 5, 1935, where a case of acute respiratory disorder with fever and generalized urticarial rash following five days after the injection of diphtheria toxoid is cited.

*Severe Allergic Reactions to Drugs*

*Case 5.*—This case is interesting because of the reaction following the absorption of a drug, prob-

†Dr. Pierson was graduated from the University of Michigan, M.D., 1922. He is a Licentiate of the American Board of Pediatrics, also Senior Attending Physician on the Pediatrics Service, Woman's Hospital, Detroit.

ably antipyrine, from the gastro-intestinal tract. K. F., previously seen because of a spasmodic cough and wheezing, when one year old was given a prescription containing sodium bromide three grains, tincture of belladonna one minim, and antipyrine three-fourths of a grain to the dram. She had never had any of the drugs previously, although her mother showed drug sensitivity while in the hospital at the time of her confinement. Twenty minutes after taking one teaspoonful of the mixture the baby collapsed, at the same time breaking out with a generalized urticaria. Her voice was hoarse. The reaction was controlled with epinephrine.

*Case 6.*—C. P., an adopted child, at the age of twenty months, swallowed an unknown amount of tartar emetic. To induce vomiting he was given two teaspoonfuls of dry mustard in a glass of water. It was noted that this solution caused his lips to swell. In a few minutes he broke out with a generalized urticaria and an edema of the scrotum, and then became unconscious. After a hypodermic injection of epinephrine and washing of his stomach with 0.5 per cent tannic acid solution, he recovered. He had a history of generalized eczema.

## Conclusion

The necessity for caution in any procedure—scratch testing, the injection of diphtheria toxoid, the giving of prescriptions containing such drugs as ipecac, antipyrine, amidopyrine, phenophthalein, or the employment of home remedies as mustard by mouth or in a plaster—in an allergic child should be emphasized. None of these should be undertaken without a knowledge of the family allergic background and the child's previous history. Especially should one be careful in scratch or intradermal tests with such atopens as egg, cotton seed or Kapok seed, buckwheat, horse-dander, fish glue, and mustard.

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# "PUS TUBES" DISCOVERED AFTER OPENING THE ABDOMEN: THE PROBLEM, SOME STATISTICS


SHATTUCK W. HARTWELL, M.D.†

MUSKEGON, MICHIGAN


Every surgeon sooner or later is faced with the problem of what to do with acutely inflamed "pus tubes" discovered after the abdomen has already been invaded because some other preoperative diagnosis, usually acute appendicitis, gave adequate indication for surgical intervention. Such inflamed tubes may cause all the symptoms leading to the preoperative diagnosis and thereby constitute the only pathological condition. More frequently the preoperative diagnosis is found to be correct, the tubal infection occurring as an asymptomatic or masked, co-existent lesion. These findings may appear even after an honest effort on the part of the surgeon to rule out salpingitis before establishing his preoperative diagnosis. Whether the tubal condition is a primary acute infection, or an acute exacerbation of a chronic tubal infection, the decision as to procedure is one of nice surgical judgment and must necessarily be made at once. The need for this decision arises so infrequently in the work of any one surgeon that judgment based upon the known end-results of a large series of cases is not possible. Statistical studies of such cases are almost non-existent. The only other available bases for judgment are: (a) the surgeon's personal knowledge of the results of early or delayed operation for acute salpingitis so diagnosed preoperatively (a different problem); (b) his fear of legal action for performing an operation in addition to that for which permission was obtained; (c) the associated pathologic changes present and the degree of peritoneal traumatization created in correcting them; (d) the degree and localization of the pelvic infection; (e) certain philosophical biases, such as the matter of the preservation of tubal function (a moot question); the comparison of the acutely inflamed tube to an acutely inflamed appendix (not comparable anatom-

†Dr. Hartwell was graduated from the University of Minnesota, B.S., 1923; M.B., 1925; M.D., 1926, after interneship at Highland General Hospital, Rochester, N. Y. He was a Fellow in Surgery at the Mayo Clinic, 1926 to 1930, and received his M.S. degree in Surgery, in 1929, and Ph.D. in Surgery, in 1930, from the graduate school of the University of Minnesota. He has been in private practice at Muskegon since 1930, specializing in diagnosis and surgery. He is Consultant in Surgery at Hackley Hospital.

ically or surgically because of differences in blood and lymph supplies and peritoneal resistance); the socio-economic status of the patient; the surgeon's impression of what is usually done in similar cases.

Because end-results constitute the only satisfactory basis of criticism for or against any surgical procedure, and because the customary local procedure may be important legally, it was felt that a statistical study of such cases would help to change "impression" to "knowledge"—a much surer basis for good judgment. The following tabulation defines, clearly, the customary practice in a community of 70,000, and presents a brief analysis of end-results. It is not published as an argument for or against the extirpation of pus tubes.

Such a study affords no measure or comparison of secondary morbidity, sterility or socio-economic advantage or disadvantage resulting from salpingectomy. These factors which so largely influence our judgments must be clarified by other studies more sociological than surgical.

At Hackley Hospital, Muskegon, Michigan, in the 10-year period from January 1, 1923, to December 31, 1932, there were 730 women between the ages of fifteen and forty-five who had appendectomy or salpingectomy performed, either alone, together, or in association with other abdominal surgery. Of those cases, 176 had salpingectomy performed with or without appendectomy.

The 176 women in the child-bearing age, on whom salpingectomy was performed, have been classified according to the preoperative diagnosis as shown on their hospital records. They have been further broken down into groups according to their post-operative diagnoses as shown by the hospital records. A complete tabulation of ages of patients, their marital status, surgeon and assistant in each case, surgical procedures, type and degree of pathologic change recorded, convalescent period in hospital, and results at time of dismissal from the hospital, has been made. The entire tabulation has been reduced to various groups and pertinent totals. Twenty-six cases were diagnosed appendicitis with no other diagnosis before operation, yet salpingitis was present. Of these, on surgical exploration, ten showed acute salpingitis only, ten showed acute salpingitis plus appendicitis or peri-appendicitis, and six showed chronic salpingitis plus appendicitis of some type.

The cases which are pertinent to the determination of the customary local procedure in a case diagnosed pre-operatively as appendicitis and operated upon for that reason alone, and in which acute salpingitis was discovered at operation, fall into two groups: (1) Those in which there was no appendicitis present; (2) those in which some degree of appendicitis was found in conjunction with the salpingitis.

There are ten cases in each group.

Separately these groups show the following facts:

*Group 1.—Preoperative diagnosis appendicitis only—postoperative diagnosis acute salpingitis only (no appendicitis).*—Ten cases—four of them under the age of twenty, and four of them single women. In the first place, sixteen physicians saw fit to remove the appendix in nine out of these ten cases, although no evidence of actual appendicitis was recorded in any of their records. In the second place, salpingectomy was performed by these doctors in every individual case—in three bilateral, and in seven, unilateral salpingectomy. Of these cases only four showed bilateral salpingitis present. Only one out of ten patients was returned from surgery with an acutely inflamed tube left in place. All of these patients made good recoveries. The average stay in the hospital was fifteen days. One seventeen-year-old girl, in whom one tube had been left, was re-operated and the tube removed—while acute inflamed—six weeks later.

*Group 2.—Preoperative diagnosis appendicitis only—postoperative diagnosis acute salpingitis plus appendicitis or peri-appendicitis.*

In the first place, eight Muskegon physicians saw fit to remove the appendix in every one of the ten cases. In the second place, salpingectomy was done in nine of the cases—in four, bilateral, and in five, unilateral. Of these cases only four showed bilateral acute salpingitis. The ages of the bilateral cases were forty-three, twenty-two, fifteen, and twenty-four years. In each of these women, although three of them were under age twenty-five and two of them were single, bilateral salpingectomy was performed, as well as appendectomy. There were three cases in which the surgeon failed to record whether tubal involvement was unilateral or bilateral. In one of these, a

single girl of sixteen, appendectomy alone was done. Only one of ten such cases was returned from surgery without salpingectomy. This patient stayed in the hospital nineteen days, whereas the average postoperative period of hospital residence, for the entire group, was 15.4 days.

In this group of twenty-six cases, diagnosed appendicitis preoperatively in which the postoperative diagnosis was salpingitis with or without appendicitis, the youngest girl was fifteen and the oldest woman was forty-four. The average age was twenty-six years. The surgeons involved in this group, whether as surgeon or assistant, represent twenty-four members of the medical profession in Muskegon. In the entire group of twenty-six cases diagnosed appendicitis only, yet showing salpingitis, nine were single women. Nine cases showed bilateral salpingitis, and in eight cases bilateral salpingectomy was performed. Seventeen cases showed unilateral salpingitis or the surgeon failed to state, on his record, whether the infection was unilateral or bilateral. In this group of seventeen cases, fifteen unilateral salpingectomies were performed. In the entire group, appendectomy was done at the time of salpingectomy in twenty-four of the twenty-six cases. Every patient left the hospital alive and with a good result. The average length of stay in the hospital was 14.8 days. One girl of seventeen, in whom the preoperative diagnosis had been acute appendicitis and in whom the surgeon found unilateral right-sided acute salpingitis only, and from whom the surgeon removed the right tube and appendix leaving the left tube intact, was reoperated six weeks later for removal of an acute left salpingitis. (While this case represents bilateral salpingectomy with appendectomy in a seventeen-year-old girl for acute salpingitis, it has been included in the tabulation under unilateral salpingectomy with appendectomy as that was the procedure at the time of the diagnosis of appendicitis.)

From these hospital records it is definitely established that it is the accepted procedure in this community to remove acutely inflamed uterine tubes when they are unexpectedly found at laparotomy. It is further established that appendectomy at the same time is also the accepted practice. Furthermore, in the ten-year period of this study no woman died as the result of this type of procedure. The longest postoperative hospital stay was twenty-two days, while the average stay for these cases of acute salpingitis treated surgically was 15.2 days.

## WHEN SHALL A PATIENT BE DISCHARGED FROM A TUBERCULOSIS SANATORIUM? SOME CRITERIA

EDWARD KUPKA, M.D.†

OAKLAND SANATORIUM, PONTIAC, MICHIGAN

When a patient has been admitted for treatment to a Tuberculosis Sanatorium, the diagnosis has usually been reached elsewhere. Signs, symptoms, characteristic x-ray findings, positive laboratory tests, alone or in combination, are present. Dietetic-hygienic-bed-rest treatment is commenced, with or without collapse therapy, and the average patient begins a slow improvement. As the healing process gains the upper hand over the disease, the various signs, symptoms, etc., disappear, and this return to normal is our gauge to the recovery of the patient.

At some point in the favorably progressing case, we must ask ourselves whether the patient can return to his usual life and occupation. In making this important decision, we make use of certain criteria. This article will be an attempt to evaluate these criteria and set up somewhat arbitrary standards as sign posts to direct our judgment.

At the outset, a repetition of a trite aphorism will not be out of place. Intelligent medical management does not tolerate the blind application of generalizations to the solution of any rehabilitation problem. Every patient must be studied as an individual, almost as a unique, case. It will be

†Dr. Edward Kupka was graduated from Wayne University Medical College, 1928, M.D., having served his internship at Providence Hospital, Detroit. He went into private practice in Detroit and was Resident in Medicine, University Hospital, Ann Arbor, 1934. He is now staff physician of Oakland Sanatorium, Pontiac.

evident in the grouping of the criteria that the problem can be approached from many angles. A satisfactory state of affairs from the x-ray standpoint may be neutralized by a bad clinical course; or a patient doing well in every other way may still have a positive sputum. While the categories differ, obviously, in their relative importance, final decision is best reached by a balancing of all the factors in the problem.

The question of cure or arrest of a pulmonary lesion rests not as much on evidence of its presence as on evidence of its activity. An old, chronic fibroid tuberculosis, while giving evidence of its presence by, let us say, dyspnea, dullness on percussion and deviated trachea, may still be a quite inactive lesion and require no further treatment. Most healed pulmonary tuberculosis leaves behind evidence, usually gross, rarely only microscopic, of the former pathologic process. As with a long-silent volcano, eruption may recur, although evidence for the time being justifies its classification as quiescent or arrested.

Ordinarily, a patient is kept at bed rest until there is reasonable assurance of inactivity of the lesion. Then the gradual process of getting up is commenced and the patient allowed periodically increasing "privileges." There is considerable difference of opinion concerning the manner of letting the patient up. Some physicians allow privileges early in the treatment. Some keep the patient at strict bed rest until late or until shortly before discharge, then letting the patient up quickly. A middle course may be best but the initial period of bed rest should be continued until most of the criteria are met. When considerable bodily movement has been allowed and the patient continues to do well, the case is viewed for discharge. At this time all or most of the important indications must be met.

Reviewing the case in preparation for discharge is a study in negatives. We expect the signs and symptoms by which the patient was originally diagnosed to have disappeared or returned to normal. In addition, any evidence of activity which developed during treatment, such as pleural effusion, must also have disappeared. Ideally, the patient should leave the sanatorium in perfect health. We try to approach that ideal, difficult as it is even theoretically.

When critical analysis is turned upon the patient's status quo the relevant facts group themselves naturally, as follows:

1. Constitutional symptoms
2. Pulmonary symptoms
3. Physical signs
4. Laboratory procedures
5. X-ray findings
6. Complications
7. Type of collapse
8. Non-medical factors

### Constitutional Symptoms

These, due to the toxic effect of the tubercle bacilli upon the body as a whole, are usually the first evidence of the disease to make their appearance. To their gradual development, phthisis owes its reputation of insidiousness. Experience shows that they, likewise, are the first to disappear under treatment. Even sorely stricken patients will show this type of symptomatic improvement upon bed rest alone (and too often relapse when bed rest is discontinued prematurely).

*Fever.*—The high normal is dependent upon the observer's habit, but readings above 99.2° (or 99.6°, premenstrual) can be evidence of activity. The course being otherwise favorable, the temperature should have been normal for at least three months before the patient is allowed to be up.

*Pulse.*—In the absence of other causes for an increased pulse rate the standard of 90 at bed rest and 100 on moderate activity (walking) should not be exceeded. Hyperthyroidism and cardiac neurosis are the most frequent co-existing causes. Some believe that long continued bed rest, with resulting atonicity, induces moderate tachycardia. Ordinarily, in the course of treatment the pulse should quickly subside to normal and, as with fever, should be within average limits for three months before the granting of privileges.

*Night sweats,* provided they are genuine, are found, usually, in far advanced and very sick individuals and can never be present in a candidate for discharge. However, some patients perspire easily, and will report night sweats when only the warm night or too many covers are responsible; therefore, care must be used in evaluating the report.

The famous trio: *loss of weight, loss of strength and loss of appetite,* usually improve or become worse together. Reasonable judgment dictates that the candidate for discharge hold his weight upon privileges, or at least not present a continuous, even though gradual loss, and that strength remain unchanged or improved. Of anorexia, which Lawrason Brown considers

a gloomy prognostic sign if severe and continuous, one can simply state that it should not be present. If the weight remains unchanged, even though the appetite is only fair, there is no contraindication. After patients have been on bed rest long, especially women who have gained much weight, there is a tendency to cut down voluntarily on food consumption—an almost instinctive reaction. And, as will be mentioned later in connection with intestinal tuberculosis, the gastro-intestinal tract can become very temperamental in an individual confined to bed.

### Pulmonary Symptoms

*Hemoptysis.*—One of the most pathognomic symptoms, while valuable in diagnosis, is used here only as a contraindication. It invariably means activity of the lesion, and at least three months should have passed subsequent to a hemorrhage before any exercise is permitted, and six months before discharge can be considered—other factors favorable.

*Cough,* on the other hand, is a non-specific symptom. In diagnosis it does no more than call attention to the respiratory tract. It may persist though tuberculosis is no longer active, due to bronchiectatic enlargement of bronchioles secondary to a distorting fibrosis, to a non-tuberculous bronchitis, to diaphragmatic adhesions, or merely habit. While its absence is ideal its presence does not contraindicate discharge, unless the cough is very severe.

*Sputum:* Disappearance of sputum has long been considered a prime indication of healing. But not rarely sputum, in small amounts, and Koch-negative, will persist when all other evidence points to an arrest of the disease. Often chronic upper respiratory disease, with pharyngeal back-drop, will lead the patient to believe that he produces sputum.

*Pain in the chest* is so non-specific that it cannot serve as a criterion, except as part of a syndrome which proves pleuritic effusion. Commonly intercostal neuralgia or referred pain from healed pleural symphysis will be the cause, and this symptom is also one of the most frequently encountered complaints of the phthisiophobe or insurance malingerer—for opposite reasons.

*Dyspnea* can be interpreted only as part of the picture. In spontaneous pneumothorax it lends a strong suspicion of activity. With an old healed tuberculosis, it means merely lower pulmonary ventilation. Its greatest importance to a patient otherwise ready for discharge is that it constitutes an additional handicap and limits the type of work in which he or she may engage.

### Physical Signs

Of the confusing welter of abnormal physical findings in pulmonary tuberculosis, developed by and since Laennec, many are now found to be of such slight importance or so misleading that they are no longer depended upon. The x-ray has in large part rendered unnecessary the former dependence upon pulmonary examination by inspection, palpation, percussion and auscultation. For our present purpose, nevertheless, two signs remain of value.

*Râles.*—The finding of medium course râles in the upper chest remains almost pathognomonic of pulmonary tuberculosis. Their presence, however, does not prove an active lesion. Occasionally a physician is able to elicit râles in a case cured beyond doubt for many years. Whatever the mechanism of their production, we ask of râles that are present in a case otherwise ready for discharge: that they remain unchanged in character and in size of area of skin over which they are heard.

*Flatness.*—As this sign usually indicates more than minimal amounts of fluid, it should contraindicate discharge, since persisting gross fluid is commonly accepted as an indication of activity. In the presence of artificial pneumo-thorax, small amounts of fluid are commonly found, but here, too, an amount large enough to be recognized by physical examination, calls for further treatment.

### Laboratory Procedures

*Red Blood Count and Hemoglobin.*—Secondary anemia is commonly present in phthisis. With healing it improves and the red blood cells and hemoglobin return to normal. If the anemia persists, causes other than tuberculosis should be sought for.

*White Blood Count, Differential and Sedimentation Rate.*—The chief objection to the employment of these criteria is their non-specificity. Much has been written concerning the value of the sedimentation rate, particularly as a guage to activity of the tuberculous process. The beautiful work of Medlar and others inclines one to lean heav-

ily upon these blood changes. But practically, if there are no concommitant indications of activity even in the absence of other possible causes, and above-normal sedimentation rate, a leukocytosis of mild degree, or a depressed lymphocyte count, alone or together, do not contraindicate discharge. As corroborative evidence to add to other equivocal signs these, however, may be valuable.

*Positive Sputum.*—Finding of tubercle bacilli in the sputum is an unfailing guage of activity and the sheet anchor of our criteria. The broad generalization can be made that no patient with a positive sputum should be discharged from the sanatorium. Cases of ancient fibroid tuberculosis doing well for years and yet spilling bacilli can be brought to mind but they constitute the exception that proves the rule. The reasons for refusing discharge to a bacillus-expectorating patient are two. First, regardless of his status quo, the Gaffke count is evidence of "the sword suspended by a hair," as there is ever present opportunity for bronchogenic spread into the same or opposite lung, and of laryngeal and intestinal tuberculosis. Second, from the public health standpoint, the patient represents a menace to all who come in contact with him on the outside, and ideally should continue to be isolated.

### X-ray Findings

Now we deal with the greatest single agency in judging the progress of a case of tuberculosis. Every so often someone will state that he is ready to throw overboard all physical examination and depend on the x-ray instead. While there is no justification for abandoning any type of investigation that promises to give additional information about the patient's condition, it is true that the x-ray gives us far more information than physical examination. Though looming large it yet remains only part of the picture, and all other criteria mentioned in this article must be evaluated to fill in the rest. For our purposes in judging readiness for discharge, we ask that the x-ray disclose particularly three facts, or rather, in a negative way, that it demonstrates absence of three phenomena.

*Cavity.*—The presence of discernible cavity is, like hemoptysis and positive sputum, prima facie evidence of activity of a lesion, and contraindicates discharge. As mentioned in the discussion of positive sputum, there are rare old cases doing well who have demonstrable cavity but these are better museum pieces than guides for conduct. Probably every large cure-center has one enfant terrible who has a large excavation and yet lives on comfortably and even works. For our purpose, a patient with cavity does not even come up for discussion for discharge and not even for privileges, but rather for additional collapse therapy. If there is doubt as to whether a particular rarefaction represents cavity or not, it should be considered as cavity unless all other evidence inclines toward inactivity of the lesion.

*Exudative Lesion.*—An exudative lesion is always an active lesion and when there is doubt as to whether the x-ray picture has exudative components, it is safer to consider the disease active. It is accepted that adult tuberculosis in its earliest manifestations, or while invading new areas, is invariably exudative in character. Thus, fibrosed or resorbed lesions are the only ones considered for discharge.

*Changing Lesions.*—While common sense dictates that a lesion which changes by increasing its extent is active, it is not as commonly accepted that a lesion growing smaller is also active, even though all other signs are favorable, and the x-ray appearance is that of an apparently well healed fibrosis. These unstable types, as sad experience teaches, are ever prone to relapse. Change in either direction indicates activity and so we ask that the last two films, at three month intervals or the last three at two month intervals, show no change.

### Complications

Tuberculosis is a protean disease and can strike any bodily system. Tuberculous enteritis and tuberculous laryngitis, dependent as they are on a tubercle-producing pulmonary lesion, are evidences of continuing activity, thus contraindicating discharge, even when the lungs seem to be doing well. Tuberculous pneumonia, miliary tuberculosis and tuberculous meningitis indicate an overwhelming acute extension of disease. Pleurisy with effusion of any appreciable extent and tuberculous empyema call for additional treatment. On the other hand, skin, eye, bone and joint, and genito-urinary tuberculosis can be present with a well-controlled pulmonary lesion, and under that circumstance can be discharged from a sanatorium

for outside treatment at the hands of the respective specialists.

### Type of Collapse

During this era, the heyday of collapse therapy, it is felt that the various surgical procedures that bring local rest to the lung not only facilitate healing but reduce the probability of recurrence. Since pulmonary tuberculosis is notorious for its tendency to relapse, it seems much safer if the discharged patient carries with him some form of collapse therapy to help tide him over the critical year or two after discharge, during which period most relapses occur. Today at many sanatoria most cases of more than minimal extent enjoy the benefits of "pneumo" or "phrenic." Patients who have been on the dietetic-hygienic régime alone should be kept under treatment longer. Those with a temporary phrenic interruption should be discharged with a string attached, so that they can be kept under observation, especially at the time when the nerve is recovering its function. Unilateral artificial pneumothorax has the advantage not only of keeping up a collapse as long as it is deemed necessary, but also brings the patient back to the physician at regular frequent intervals, not only for refill but also for check-up. Bilateral pneumothorax cases present a tricky problem and are often so unstable that if they cannot be kept in a sanatorium until they have shown enough improvement to allow one lung to re-expand, rigid control must be maintained on the outside. Thorocoplasties should be kept in the sanatorium six months, and better nine, after the last stage of their operation; with them the rehabilitation problem must be handled most gingerly, since, the "last word" having been pronounced, there is usually nothing else left to do if they flare up.

### Non-medical Factors

When we have satisfied ourselves as to inactivity of a pulmonary tuberculosis by complying with the above requirements, there still remains a set of problems to solve before the patient can be sent home. These have to do with his personality, education, economic and social status and the type of work he is to engage in. This represents a non-medical angle but is of considerable importance, and many a patient has achieved a satisfactory arrest to relapse shortly because he, or his environment, were not adjusted.

*Personality.*—Tuberculosis curers tend to accentuate the personality traits they possess before admission. Thus, the phlegmatic will be more calm, the nervous, more upset. There is no doubt that the inability of some patients to adjust themselves to a long period of bed rest acts as a deterrent to cure. The worrier, who finds it impossible to rest quietly, often does attain quiescence and arrest nevertheless. However, it is wise to keep him in the sanatorium longer and to grant privileges more slowly. Contrariwise, the excellent cure-taker, who seems a good risk so far as his behavior outside the sanatorium is concerned, may be discharged at a much earlier date, other factors equal.

*Education.*—By this is meant, not the academic equipment with which a patient comes to the sanatorium, but the education concerning his disease which the patient acquires during his period of residence. Trudeau well knew the educational aspects of a period of institutional régime and to this day the famous Adirondack center bearing his name makes systematic efforts to teach the patient about tuberculosis. Patients are almost pathetically eager to acquire knowledge about this, their worst enemy, and the sanatorium doctor is remiss who does not, by patient explanation, teach his wards how to respect, and not fear, their disease. Thus the average patient who has "coöperated" is readier for discharge than the rarer one, whose lack of native intelligence, stubbornness or phthisiophobia have made him a poor "scholar." The advisability of frequent check-up, of the recognition of early symptoms of relapse, of the necessity of a continuing rest-régime must be impressed upon him. The best type of patient should acquire a grasp of his disease similar to that of the intelligent diabetic.

*Economic and Social Status* and *Type of Occupation* are interwoven. To the well-to-do of secured income, the cure or continuing partial cure may be extended indefinitely in an excellent environment, and ultimately some very easy form of activity may be engaged in, profitably or otherwise. When the home is adequate the patient may be kept in a sanatorium only long enough until the acute phase is past, collapse therapy has been instituted, and the lessons of sanatorium residence have been learned. But these are the exceptions. Most patients have to

work and the same environmental conditions that made the patient a victim of tuberculosis become operative when the sanatorium doors close upon him. While phthisis no longer fits the definition of "chronic, progressive, relapsing, incurable disease," it retains the characteristics of chronicity and especially of relapse.

Therefore the patient with an unfavorable milieu to return to is not only given the type of collapse therapy which will continue to give him local rest, but he is kept in the sanatorium as long as circumstances permit. A poor un-hygienic home, the prospect of having to return to an unsuitable type of labor, an un-comprehending family, are all factors which retard the discharge date. Thus do the medical criteria for discharge become mixed with sociological and economic factors.

The field of rehabilitation for tuberculars is beginning to be tilled by governmental agencies and its present unsatisfactory state will be improved as time goes on. In the meanwhile, we must interpret our categories conservatively with those who cannot go into a favorable environment when they leave us.

### Conclusions

1. Any patient who is a candidate for discharge from a tuberculosis sanatorium should be individualized and regarded from many angles, the factors involved grouping themselves naturally into such categories as signs, symptoms, x-rays, et cetera.
2. The ideal of total inactivity of the lesion should be approached as closely as possible; particularly the sputum must be negative, the x-ray findings those of a healed lesion, and the collapse therapy adequate.
3. The social-economic and personality factors must be considered along with the more strictly medical indications.
4. Education and rehabilitation are necessary correlaries to the treatment of tuberculosis.

### Summary

An attempt has been made to analyze and group the factors available in making the decision to discharge a tuberculous patient, and in a slight way to standardize these criteria.

## PELLAGRA

**I. W. BROWN, A.B., M.D.†**
**Director of the Department of Public Health and Welfare**
KALAMAZOO, MICHIGAN

Occasionally there come to the City Physician's office in the Health Department men with an eruption limited to the backs of the hands and fingers. These cases have been called here "alcoholic hands" because the men always give a history of prolonged "bouts" of drinking denatured alcohol; sometimes months of continuous drinking. The first case in my experience came to my attention about July 16, 1936. An interest was aroused because of the very limited distribution of the eruption. I assumed that the condition was associated with the denaturing agents used in the alcohol. A perusal of the pharmacology of many of these substances gave me no light as to the nature of the lesions. An inquiry at the Dermatology Department of the University of Michigan plus a reading of the literature disclosed that the condition is Pellagra.

*Case 1.*—E. E., aged fifty-four, male, white, presented himself at the City Physician's office complaining of an eruption on the backs of both hands. Examination showed a subacute erythematous, scaly, dry, eruption of an eczematous appearance limited solely to the backs of the hands and fingers. The line of demarkation at the back of the wrists and along the medial and lateral sides of the hands and fingers was sharp. There were no vesicles or bullæ and no "weeping." There was no pruritus or pain but only a mild burning sensation. The patient was a "bum" from the "jungles" and gave a history of having drunk a quart of a mixture of equal parts of denatured alcohol and water each day since early in March, a period of over four months. He had eaten irregularly during this time and had lost considerable weight. There were no other symptoms such as diarrhea or sore mouth although he did say that others who had a similar condition living down in the jungles do complain of both these symptoms and at times very severely. Instructions were given to the patient to stop drinking and a bland ointment was applied. In about a week the area had completely desquamated and was accompanied by a moderate amount of weeping. The area had the appearance of a healing burned area. In another

†Dr. I. W. Brown is a graduate of Albion College, A.B., 1920; University of Michigan Medical School, 1925. He practiced general medicine and surgery, Kalamazoo, Michigan, until February, 1936. Since then he has been Director of Public Health and Welfare, Kalamazoo, Michigan, and Instructor in Pathology, Burgess Hospital, Kalamazoo.

week the area was entirely healed except a small area on one finger. The surface of the healed portion had a dusky appearance and in still another week the healing was complete but with the pigmentation of the involved area noticeable. There was no dementia (unless an individual who drinks quantities of denatured alcohol could be considered demented).

I found on investigation that for the past several years these men have periodically appeared at the city physician's office with this condition and in some cases more than once. In all cases they have been "jungle bums." Always men, always have been on a long bout of drinking dilute, denatured alcohol and the lesions have always been limited to the backs of the hands and fingers. So far as I know these men have never been asked concerning the other symptoms of pellagra, principally mouth lesions and diarrhea, because the nature of the condition was unknown. The assumption being as was my own that the condition was associated with the denaturing agents in the alcohol.

There is a clear discussion of the condition in the *Journal of the American Medical Association* February 4, 1928, and in several numbers of the Archives of Dermatology and Syphilis for 1928-1930 there is reference made.

Pellagra is generally considered a deficiency disease and in regions where it is endemic is associated with a very limited diet principally pork and corn. However, in many of the patients in these regions and in practically all the patients in other regions, there is a history of chronic alcoholism. Even in the chronic alcoholics a food deficiency is evident because of the irregular eating which usually accompanies prolonged drinking bouts. Alcohol might be termed the exciting factor because there is a very definite relationship between pellagra and alcohol, as evidenced by the fact that all people who starve for one reason or another do not develop pellagra. Because of this relationship, the condition I have described has been called alcoholic pseudo-pellagra in the literature.

The cessation of drinking plus the application of any bland ointment is all that is necessary to effect a resolution.

Although the private physician rarely sees patients of this class, there may be patients in higher grades of society who drink alcohol for weeks or months at a time and who may develop the condition.

# ARTIFICIAL FEVER THERAPY OF GONORRHEAL OPHTHALMIA*

## Case Report

J. M. BERRIS, M.D., M. K. NEWMAN, M.D., and L. E. GRANT, M.D.
DETROIT, MICHIGAN

Since the introduction of artificial fever therapy in the treatment of gonorrhea and its complications, many excellent therapeutic responses have been reported in the literature. Desjardins, Stuhler, and Popp,[3] Simpson,[6] Bierman,[2] and more recently Metz,[5] and Hasler and Spekter,[4] have shown that the destruction of the gonococcus occurs in a high percentage of Neisserian infections of the urethra, fallopian tubes, articular and periarticular tissues, and the eye.

Knowing well the difficulties encountered in the routine treatment of gonorrheal ophthalmia, we desire to report a case successfully treated by pyretotherapy.

Mrs. E. K., aged twenty-eight, school teacher, with a negative past history and general physical examination, was first seen by one of us (L.E.G.), on April 21, 1936. Her complaint was an increasingly severe swelling, pain, and discharge of the right eye since April 14, 1936. During this time, she had consulted a physician who treated her as a case of non-specific conjunctivitis by means of mild antiseptics with a resultant increase in pain, swelling, and purulency of discharge.

Smear examinations revealed many Gram-negative intracellular diplococci, and a diagnosis of right gonorrheal ophthalmia was made. Routine treatment with twenty-five per cent silver nucleinate instillations and frequent boric acid lavages was instituted, and maintained until May 2, 1936, with unsatisfactory results. On this date, the profuse discharge was still positive for Neisserian organisms, and the conjunctiva had become adherent to the upper one-third of the cornea (the lower one-third of the latter had become deeply ulcerated). Hypopyon had developed, and complete orbital destruction seemed imminent.

Fever therapy was instituted at this time by means of the heated humidified cabinet previously described.[1] The first session consisted of a maintained body temperature (106-07 F. rectally) for six continuous hours. Hourly smears were made during treatment, and these became consistently negative for all organisms within an hour after the desired temperature had been attained.

Within twenty-four hours following treatment, the orbital swelling had begun to subside, discharge had entirely ceased, and the eye was free of pain. During the ensuing four days, smears were made at four hour intervals and revealed only occasional pus cells and a few strands of fibrin. No local treatment was administered following fever therapy. It was felt that the infection had been entirely eradicated, but as a measure of safety a second fever session of the same duration was given. Following this, occurred a rapid resolution of the entire inflammatory process, and when last examined, on June 25, perception for light, color, and large objects had returned. The anterior chamber was clear, and the corneal ulcer had almost completely healed.

## Summary

A case of gonorrheal ophthalmia which had proved entirely refractory to usual

*From the Fever Therapy Service, Grace Hospital, Detroit, Michigan.

methods of treatment was cured in two artificial fever sessions.

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# VON PIRQUET TEST TECHNIQUE


**D. S. BRACHMAN, M.D., D.P.H.**

DETROIT, MICHIGAN


THE various tuberculin tests include the von Pirquet (cutaneous), the Mantoux (intradermal), the Calmette (conjunctival), the Moro (ointment) and the subcutaneous. Of these only the first two, the von Pirquet and Mantoux, are in common use today. The older Calmette test has given way to the simpler and less risky modern tests; the Moro test is comparatively unreliable; the subcutaneous test is practically never used today in preventive work because of its possibility of causing a reactivation in an otherwise dormant lesion.

The choice between the von Pirquet and the Mantoux tests varies with the physician and the purpose of the test. For diagnosis, where there are clinical symptoms or abnormal physical signs, the Mantoux is probably the method of choice. In preventive programs, however, where large numbers of people are investigated, especially children, many angles suggest a preference for the von Pirquet. In our opinion, the greater part of the difference in reliability between the two tests lies in technique. With proper care as to details of technique, results from the von Pirquet test are comparable to those given by a 0.1 mg. intradermal injection, Mantoux method.

The von Pirquet test is given in a single dose; a needle is not used and thus psychologically children mind it less. The solution used (Koch's old tuberculin) lasts for well over a year and it does not require the use of a diluent. The tuberculin is supplied in Michigan by the Health Department through the local health officers on request. The von Pirquet test requires less time of the physician. Favoring the Mantoux test is the fact that the dose of tuberculin is measured and the amount absorbed known. Also a weaker solution is used in the first dilution. In many cases it is necessary, however, to give two and sometimes three injections. The solution, too, must be freshly prepared. Successful results are procured by testing with Purified Protein Derivative.

### Von Pirquet Technique

The left forearm and arm (either arm may be used) are bared to well above the elbow, avoiding the possibility of the sleeve contacting the area tested on bending the arm (Figure 1). An area in the upper forearm, flexor surface, two to three inches from the elbow, is sterilized with 95% alcohol. (Where indicated the area should first be cleansed with soap and water.) A drop of tuberculin is then placed on the site selected *after the skin is completely dry.*

The skin is held taut by the thumb and forefinger of the left hand while the scarifier is held firmly in the thumb and second finger of the right hand, guiding it with the forefinger (Figure 1). The instrument is held vertically and the skin scarified through the epidermis. The broad end of the scarifier is moved downwards four to ten times, depending on the pressure used by the operator and the

**Fig. 1**

texture of the skin. An area approximately one-sixteenth of an inch square is scarified or twice the width of the base of the instrument shown in Figure 2. (There are several good instruments on the market, the one illustrated here being a Parke Davis and Company tuberculin scarifier.)

When the von Pirquet test is attempted by physicians for the first time there is a natural tendency to scarify too lightly or too deeply, drawing blood. After a little experience, however, this tendency is readily overcome. It is advisable at first to tend towards insufficient scarification rather than over-scarification. Should there be any doubt in the operator's mind, if he will wait 10 seconds after completing the test and then raise the patient's arm upwards to the level of his eyes, he will see slight pitting of the skin through the drop of tuberculin. If this is not visible further scarification is required.

The texture of the skin, as previously mentioned, is important. Though there are not any hard and fast rules, the skin of females is more likely to be thinner than that of males. Those with blond hair or red hair often have more tender skin than bru-

nettes. In both sexes, however, caution in degree of scarification is required in those having mottled skin, for here the skin is especially tender. Also thin skin is often found in those with marked adiposity.

After the test is completed, the arm is flexed to a right angle at the elbow or placed on a desk or a table and exposed to the air for *15 minutes,* allowing absorption of the tuberculin. Care is urged not to permit the arm to be dropped to the side or the solution will run downward. Precaution is also required preventing the tuberculin being accidentally rubbed off by contact with clothes. After fifteen minutes the individual tested may enter into any physical activity desired. Generally there is no constitutional reaction involved after the test, the reaction being usually a local one only.

The test is read three to five days after given, though occasionally one finds a delayed reaction the sixth or seventh day. Any swelling or redness appearing the first half hour after the test is not a tuberculin reaction, which usually does not begin to appear till 48 hours after the test. A positive reaction is shown by edema and redness, and occasionally with a small center of necrosis. Where there is doubt in the physician's mind, hardness will be observed by passing a finger over the reaction area. The result is read as positive I, II or III, depending on the severity (Figure 3). Thus far, however, the degree of the reaction has not been very helpful as an index of the presence or absence of active disease.

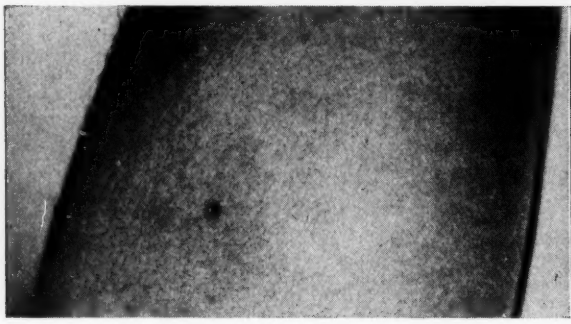

Fig. 2

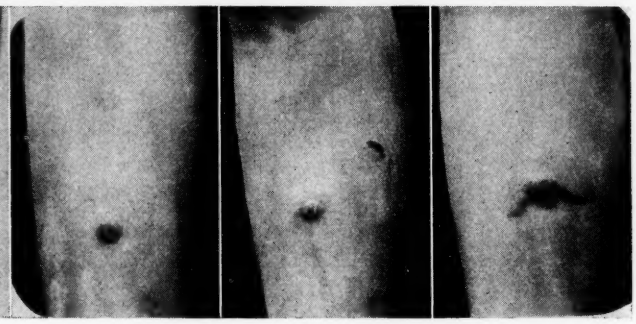

Fig. 3

As neither the von Pirquet or Mantoux test is 100 per cent reliable, when clinical symptoms or abnormal physical signs persist, it is advisable to procure an X-ray of the lungs though the tuberculin test is negative. Also, the fluoroscope, as thus far developed, is not a reliable substitute for the X-ray film either in preventive work among the apparently healthy, or in clinical case-finding. It is very useful, however, for follow-up observations and during collapse treatment.

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**Light Therapy and Roentgen Therapy in Tuberculosis: Present Evaluation**

Edgar Mayer, New York (*Journal A. M. A.,* Nov. 16, 1935), points out that light therapy, both natural and artificial, is of definite value in the treatment of some forms of tuberculosis. Natural heliotherapists, especially those working in high altitudes, emphasize solar radiation and aerotherapy. On the other hand, those in cloudy climates have stressed the use of artificial lights and still others, on occasion, the x-rays. Benefits are undoubtedly obtained by patients suffering from tuberculosis of the bones, articulations, peritoneum, intestine, lymph nodes and larynx when the entire body is exposed to carefully graded doses of natural sunlight or to radiation emitted by certain artificial sources of light rays. The beneficial results of such irradiation are due not only to ultraviolet rays. The visible and infra-red rays, as well as the conditions of the atmosphere, play a certain part in the therapeutic effect. In tuberculosis of the skin, lupus vulgaris alone can be said to respond specifically to light. Scrofuloderma and erythema induratum react favorably at times to general and local exposure, although not as constantly. Lupus erythematosus does not respond to and may be aggravated by light. In tuberculosis of the bones and articulations, it is generally agreed that suitable, graded exposure to natural sunlight is most effective in aiding the healing accomplished by orthopedic and other measures. Exposure to artificial sources is a second choice. Pulmonary tuberculosis is not an indication for light therapy; stationary pleural tuberculosis has often been helped by this measure. Genito-urinary tuberculosis deserves a trial of such treatment in combination with other measures. Local exposure to ultra violet rays of circumscribed tuberculous lesions of the urinary bladder has been shown to yield favorable results, but the method requires special applicating devices and, above all, skillful treatment of the bladder lesion. Ocular tuberculosis and aural tuberculosis, respond infrequently to light. Oral tuberculosis is most resistant. Fistulas are often resistant to such treatment. Postoperative sinuses, in contrast, are most responsive. Intestinal, peritoneal and lymph node tuberculosis especially indicate light therapy and often are rapidly responsible. In tuberculosis, overdosage has produced harmful focal reactions. Here light may set up a focal reaction similar to that of tuberculin. The erythemic reaction is an accurate indicator of skin tolerance. With any form of tuberculosis, light is to be used merely as an adjuvant and should be combined with all other indicated forms of therapy. With bone and joint tuberculosis, orthopedic measures combined with light still play the major rôle. Roentgen therapy of pulmonary tuberculosis has many restrictions and important contraindications. Its healing effect in certain forms of extrapulmonary tuberculosis has been definitely established, but the limitations must be recognized, dosage carefully regulated, and treatments given only by experts in the field.

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*"Every man owes some of his time to the upbuilding of the profession to which he belongs."*
—THEODORE ROOSEVELT.

## EDITORIAL

### TO THE LEGISLATOR

OBJECTIONS are being raised against the Basic Science Bill to be introduced into the next session of the Michigan Legislature. Even Clarence Darrow is lending his opposition in the way of a diatribe on freedom and liberty. What Mr. Darrow really advocates is license rather than liberty. To quote Milton, "License, they mean, when they cry liberty!" Should the state of Michigan through its elected representatives pass a basic science law, it is not demanding any more of the various cults than it has for a long time demanded of the medical profession. This bill is not interfering with anyone's freedom. It is not retroactive and will not interfere in the slightest with the legal or vested rights of physicians, osteopaths or chiropractors or of anyone else. The Basic Science Bill simply defines a minimum of knowledge for those who would practice the healing arts in the broadest sense. It means nothing to the medical or dental professions, inasmuch as they have met its requirements and a great deal more long ago.

* * *

Let us see in plain language what the basic sciences mean. The first is anatomy. To use a common, every-day illustration, anatomy is a knowledge of the shape, position and size of the various parts or organs of which the human body is composed. Is it too much to ask that anyone know something about these various parts, such as the heart, lungs, kidneys, muscles or brain to mention only a few? These parts are to the human body what the various parts, such as the wheels, motor, body, transmission or crank case are to an automobile. As no automobile repair man would be allowed to attempt to repair an automobile without a knowledge of these parts and how they relate to one another, and their use, why is it unreasonable to expect of anyone who would attempt to treat the human body, were it out of repair, to have a knowledge of the various parts of the body?

The next basic science is physiology. This is simply a study of the way the various parts of the human body work. Why should it be unreasonable that all aspirants to the healing arts, whatever they are, should know physiology? The third basic science is pathology. We would expect an automobile repair man to be able to know what is wrong with an automobile when it does not run properly. When a sick person, or a person who does not feel his normal self, consults any healer, whether it be physician, osteopath, or chiropractor, he expects that person to discover what the trouble is. In the science of medicine, a study which enables one to understand the deranged working of the human body is pathology; in other words, a study of disease as its affects mankind.

The fourth basic science is bacteriology. The germ theory of disease, so-called, is really not a theory. It is a demonstrable fact. Any system of healing which denies it, is a danger to any community in which it is practiced.

The fifth basic science, public health or hygiene, scarcely needs any explanation. The fact that great epidemics that devastated nations in the past and have proved more destructive than hostile armies, have lost their terror, is due to the development of the science of public health, or hygiene. Besides, this is largely a state function and does not concern one profession more than another. Not only the medical profession, but all others should be only too glad to be able to contribute in any way, rather than to refuse to acquire a certain standard of knowledge regarding it.

Lastly, chemistry. The human body, in fact, animal body, is a chemical laboratory

into which food composed of the various chemical elements is taken and broken up into other chemical substances so as to maintain life, and, in the young of the species, to promote growth. Chemistry, as we have it, has been developed largely by non-medically trained persons. What reasonable objection can there be to osteopaths or chiropractors having an understanding of chemistry?

* * *

It has been maintained that there might be unfairness in the conduct of the basic science examinations. The possibility of such a thing is very remote. In the first place, examinations in basic sciences will be given by boards composed of examiners who are not engaged, in any way, in the matter of diagnosing ailments or in treating sick people. Such examinations may be further safeguarded by a system, whereby the candidate is given a number, so that his identity will not be known to the examiner.

The fairness and wisdom of such a measure as proposed should appeal to every thoughtful layman. It recognizes those methods of healing that are already established by law. There is no effort to embarrass the members of any cult or system. In the interest of the public good, it demands only that all future candidates for all systems of caring for the sick meet certain basic requirements.

Can such a measure be unfair or unreasonable?

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## PROGRESS IN TUBERCULOSIS

THERE is increasing evidence from year to year that the public is becoming more tuberculosis minded. This should be particularly encouraging to the general practitioner who can play his expected rôle with more ease and freedom than has been the case until now. The dread with which the patient received the diagnosis of phthisis made it unpleasant for the doctor and very often he was only too pleased to transfer the patient to "those interested in tuberculosis."

The recent advances in the treatment of this disease by collapse therapy, with its much greater proportion of cures, has given encouragement to the victims of this infection. No longer do we hear of people wanting to go West to the mountains or South to the warm climes for it is recognized that the treatment in the State of Michigan is not excelled elsewhere. The changing public attitude to tuberculosis thus lends itself to a more active prevention program. It is in the field of prevention that the general practitioner can be particularly helpful to his patients and through them to the community.

One of the important differences between tuberculosis and such infections as measles, diphtheria, smallpox, et cetera, is that in tuberculosis symptoms may not appear for weeks and sometimes for several months after actual onset of the disease. Abnormal physical signs, too, are frequently not discoverable for a long time after the disease is actually established. Another recognized difference is that close and continuous or frequent short contact is required. Since such exposure is most likely to occur in one's immediate family, on the discovery of a clinical case of tuberculosis, it is there that one first looks for the source of the disease as well as for infected contacts.

A disease carrier is recognized as an individual who harbors in his body the specific organisms of a disease without manifest symptoms and thus acts as a distributor of the infection. Such tuberculosis carriers are not infrequently found where people gather regularly whether for work, education or recreation. This is particularly important in overcrowded housing. It is recognized, too, that some people knowingly having active disease become a latent source of contact in deliberately masking their symptoms by calling their condition "bronchitis," "bronchiectasis," et cetera.

General practitioners may well carry out tuberculin x-ray case-finding among the apparently healthy, particularly in the adolescent age and upwards. By this method a much higher percentage of minimal disease is discovered, requiring shorter periods of medical and surgical care than if the victims waited for the appearance of diagnostic symptoms. Equally important is the greatly decreased exposure, both in severity and duration, to family and friends because of earlier isolation. There is also a large financial saving to the community in lessened hospital costs.

## WHAT COMPETITION LEADS TO

"Veterans Hospitals are definitely competing with voluntary hospitals and individual medical practice in providing hospital and medical care for patients who do not come within the provisions of the veterans administration legislation . . . The menace of the veterans' hospitals to voluntary hospitals and to the medical profession is real and will assume larger proportions if Congress authorizes the building of these new hospitals and important additions to those already built."

This is an excerpt from the report of the Legislative Committee of the American Hospital Association at the annual meeting of the Association, held in Cleveland, on September 30. It is unfortunate that the preserves of any institution or any individual should be encroached upon. Where there is sufficient hospital accommodation, as there exists today in almost every large city, it is unfair to existing institutions that new and unnecessary ones be built.

It is equally unfair for any hospital to accept patients who can be cared for very adequately by physicians in their private practice. This is true where hospitals offer flat rates for obstetric cases including the lying-in period, as well as attendance of the obstetrician. The same applies to those institutions which accept ambulant patients from outside for x-ray and clinical laboratory examinations which can be made by the independent laboratory specialist. Hospitals enjoy certain privileges, among them exception from taxation. Inasmuch as the hospital depends on the medical profession for patients, it would seem fair that the hospital refrain from competition with members of the medical profession. The function of a hospital is to provide nursing, not medical care, for sick persons. Medical and surgical care is the function of the physician and surgeon.

## THE BUSINESS OF THE MICHIGAN STATE MEDICAL SOCIETY

Attention is called to the verbatim report of the House of Delegates which appears in this number of the JOURNAL of the Michigan State Medical Society. An endeavor has been made to index these deliberations for ready reference. As setting forth the business side of the Michigan State Medical Society, the November and February JOURNALS are of particular importance. The JOURNAL endeavors to place before every member of the Society a clear account of how the business of the Society is being conducted by its elected representatives. In this issue will be found the reports of the standing committees as modified and adopted by the House of Delegates, which is, in the truest sense of the term, a democratic body elected by each county in the state in proportion to the size of its membership.

The February number of the JOURNAL contains, each year, a report of the Council following its annual meeting which presents, among other things, the financial status of the society with the various receipts and disbursements. Each month appear also copies of the minutes of the executive committee of the council, together with the minutes of any meetings of important standing committees which may be held during the month. A perusal of these reports will give the same information that one could obtain if he were to sit in on each meeting that was held. These departments of the JOURNAL show the activities of the elected members of the society in behalf of the whole. Great care is exercised in the matter of publishing the deliberations and reports as accurately as possible.

Recent years have witnessed greater unity in medicine in this state than has ever been shown in the past. Efforts will be made to increase the membership by getting every acceptable and qualified physician into the membership. While the membership has shown a progressive increase in numbers, there are still many first class physicians who are practicing medicine according to the best ethics of the profession who are not, but should be, members of their various county societies.

### We Are Their Debtors

A Frenchman is said to have thought the English a very dirty race because they were always bathing.

And by the same token he might have thought Detroit a very unhealthy city because it contains so many doctors.

As it happens, though, this is the healthiest city of its size in the United States, and it has been put out in front in the public health parade and kept there by its physicians, surgeons and sanitary authorities.

A realization of what it owes in health and prestige to the medical profession makes it easy for Detroit to extend a hearty and cordial welcome to the 2,000 and more members of the Michigan State Medical Society and its auxiliary, who gather in it today for their seventy-first annual meeting.

—*Detroit Free Press.*

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Thank you, *Detroit Free Press.* The Michigan State Medical Society appreciates this kindly expression of goodwill.

## DR. WILFRID HAUGHEY
### Councillor, Third District

Dr. Wilfrid Haughey was graduated from the Battle Creek High School in 1900, and later served an apprenticeship as a printer. He received his A.B. degree from the University of Michigan, M.D. from the Detroit College of Medicine, now

DR. WILFRID HAUGHEY, Battle Creek
*Councillor for the Third District, Michigan State Medical Society*

Wayne University, and A.M., University of Detroit. He had a regents' appointment as assistant in Chemistry at the University of Michigan and was demonstrator of Anatomy. He was assistant in Pathology under Dr. Hickey in Detroit, and served in the offices of Drs. Don M. Campbell, A. P. Biddle and Angus McLean. He pursued post-graduate study in Chicago, Baltimore, Philadelphia and Boston. His practice has been limited to Eye, Ear, Nose and Throat since 1909.

Dr. Haughey held the office of secretary-editor of the Michigan State Medical Society from 1909 to 1912. He was instrumental in organizing the Section of Ophthalmology and Oto-Laryngology in the Michigan State Medical Society, and also helped organize and was the first secretary of the Southwestern Michigan Triological Association. He has a membership in the Detroit Oto-Laryngology Society, having once been vice president; is a fellow of the American Academy of Ophthalmology and Oto-Laryngology, also F.A.C.S. He holds a certificate of the American Board of Ophthalmology and the American Board of Oto-Laryngology.

Dr. and Mrs. Haughey have a family of six boys, all Eagle Scouts, and two girls. Dr. Haughey's father, Dr. W. H. Haughey, was for nine years Secretary of the Council. He is now an honorary member of the Michigan State Medical Society.

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## DR. ROY H. HOLMES
### Councillor of Eleventh District

Dr. Roy H. Holmes, who was elected councillor for the eleventh district at the recent annual meeting of the Michigan State Medical Society, graduated from the University of Michigan Homeopathic School in 1922. He served an interneship following a year at the Massachusetts Memorial Hospital. At the end of his interne year, he started to practice medicine in Muskegon. Dr. Holmes is specializing in dermatology and syphilology. At the present writing, he is taking a post-graduate course at the New York Skin and Cancer Hospital in New York

DR. ROY HERBERT HOLMES, Muskegon
*Newly elected Councillor for the Eleventh District*

City, following which he will resume his practice at Muskegon. Asked for some interesting highlights in connection with his career, Dr. Holmes replied that there is none except the fact that he has remained single for forty years.

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DR. PHIL J. RILEY, Jackson
*Vice Speaker of the House of Delegates*

# DEPARTMENT OF SOCIETY ACTIVITY

L. FERNALD FOSTER, M.D., Secretary

## COUNCIL CHAIRMAN'S COMMUNICATION

### Choosing Your County Society Officers for 1937

ELECTING officers for your county society for the ensuing year should not be by seniority or merely for attainment in scientific endeavor, but by a study of each individual as to his fitness for the post to be filled.

This is a Legislative year.

Choose each officer for his willingness to work, to spend some time from his office, and for his alertness, and his ability to contact others and impress them.

Members of your public relations and legislative committees should be of this type (sometimes known as "politicians"). Usually they are the workers who have the interests of their county society at heart.

Don't let petty misunderstandings interfere with your choosing the right candidate for any county society office.

Psychoanalyze yourself and see if you are doing all you can for your county society. Maybe *you* are the man the society is looking for. Let your ability be known to your county society.

Now is the time to use your efforts for organized medicine. We must be unified and act as *one*.

Choose wisely. We need your help now, and during the coming year.

P. R. URMSTON, M.D.
*Chairman of The Council*
*Michigan State Medical Society*

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## COUNCIL AND COMMITTEE MEETINGS

1. Annual Meeting of the Council:
   September 20, 1936—First Session, 4 p. m.
   September 22, 1936—Second Session, 8 p. m.
   September 23, 1936—Third Session, 1 p. m.
   Book-Cadillac Hotel, Detroit.
2. October 7, 1936—Executive Committee of The Council, Statler Hotel, Detroit, 2 p. m.
3. October 22, 1936—Mental Hygiene Committee, Eloise Hospital, Eloise, Michigan, 12:30 p. m.

## MINUTES OF MEETING OF EXECUTIVE COMMITTEE OF THE COUNCIL

### Detroit, September 20, 1936

1. *Roll Call.*—The meeting was called to order in the Book-Cadillac Hotel by Dr. Henry Cook, Chairman, at 2:20 p. m. Present were Dr. Cook of Flint, Dr. A. S. Brunk, Detroit; Dr. H. R. Carstens, Detroit; Dr. C. E. Boys, Kalamazoo; Dr. T. F. Heavenrich, Port Huron; Dr. F. E. Reeder, Flint; also Councilor P. R. Urmston of Bay City, Councilor G. C. Hafford of Albion; President Grover C. Penberthy, Secretary C. T. Ekelund, Past President J. M. Robb, and Executive Secretary Wm. J. Burns.

2. *Minutes.*—The minutes of the Executive Committee of July 29 were read and approved.

3. *Financial Reports.*—The membership and financial reports were presented. Bills payable for the months of August and September were also presented. Motion of Drs. Boys-Reeder that these reports and bills payable be approved and the latter be ordered paid. Carried unanimously.

4. *Tuberculosis Control Service.*—A letter from Dr. C. C. Slemons, State Commissioner of Health, in answer to the M. S. M. S. letter of August 3, was read. Also a letter from Dr. Henry F. Vaughan, Detroit Commissioner of Health, was read. Both communications were referred to the Preventive Medicine Committee.

5. *Bureau of Information.*—The Executive Committee, on motion of Drs. Heavenrich-Brunk, approved the Bureau of Information as a new department of the Michigan State Medical Society. Carried unanimously.

6. *Group Hospitalization.*—Report was given on the meeting of the Legislative Committee of the Michigan State Medical Society with the Legislative Committee of the Michigan Hospital Association at which the subject of group hospitalization was discussed. The Michigan Hospital Association agreed to send a copy of its proposed legislative bill to the Michigan State Medical Society Legislative Committee.

7. *Fee Schedules A, B, C, D.*—Dr. Ekelund reported for the Subcommittee (Drs. Penberthy, Christian, Ekelund, Foster, Keyport, Purcell, Witwer) which had two meetings and also a conference with the Crippled Children Commission. The Executive Committee authorized 100 copies of this report for members of the House of Delegates, and recommended that the orthopedic schedule also be presented to the House of Delegates at its 1936 meeting.

8. *Coöperation With Other Professional Groups.*—Dr. Cook reported on trip to the Upper Peninsula to meet with and address representatives of the dental, nursing, and social service groups. He reported there were no conflicts at the Marquette meeting and that it was a good beginning toward mutual understanding and future coöperative action.

9. *Adjournment.*—The meeting was adjourned at 4:10 p. m.

# ANNUAL MEETING OF THE COUNCIL

*THE Annual Meeting of The Council of the Michigan State Medical Society was held in Detroit on the occasion of the seventy-first Convention of the Society. The highlights of the Council meeting, conducted in three sessions, include: Election of the Executive Committee for 1936-37; approval of the committees of the State Society for the ensuing year; plans for three or four meetings of The Council per annum; election of Dr. L. Fernald Foster as Secretary; creation of a Bureau of Information as a department of the State Society; approval of proposed changes in Fee Schedules A, B, C, and D; encouragement of a post-payment plan, operated by the County Medical Society, to aid persons in the borderline group; decision on professional cards in* THE JOURNAL*; and decision that contributions for entertainment at Annual Meetings of the State Society shall not be levied on the local profession which acts as host.*

The minutes of the three sessions of The Council follow:

## FIRST SESSION

**September 20, 1936**

1. *Roll Call.*—The annual meeting of The Council was called to order by Dr. Henry Cook, Chairman, in the Founders Room of the Book-Cadillac Hotel, Detroit, September 20, 1936, at 4:20 p. m. Those present were Dr. Henry Cook, Flint; Dr. C. E. Boys, Kalamazoo; Dr. Wm. E. Barstow, St. Louis; Dr. A. S. Brunk, Detroit; Dr. F. C. Bandy, Sault Ste. Marie; Dr. F. A. Baker, Pontiac; Dr. H. R. Carstens, Detroit; Dr. Geo. C. Hafford, Albion; Dr. T. F. Heavenrich, Port Huron; Dr. J. E. McIntyre, Lansing; Dr. Harlen MacMullen, Manistee; Dr. W. A. Manthei, Lake Linden; Dr. V. M. Moore, Grand Rapids; Dr. F. E. Reeder, Flint; Dr. P. R. Urmston, Bay City; Dr. B. H. Van Leuven, Petoskey. Also present: President Grover C. Penberthy, Detroit; President-elect H. E. Perry, Newberry; Secretary C. T. Ekelund, Pontiac; Editor James H. Dempster, Detroit; Past President J. M. Robb, Detroit; Dr. J. D. Brook, Grandville; Dr. C. S. Gorsline, Battle Creek; Dr. Frank H. Purcell, Detroit; and Executive Secretary Wm. J. Burns. Absent, Dr. H. H. Cummings.

2. *Minutes.*—The minutes of the Executive Committee meeting of September 20, 1936, were read and approved, and the minutes of the mid-winter meeting of The Council and of the meetings of the Executive Committee since that date were approved as printed, motion of Drs. Bandy-Baker. Carried unanimously.

3. *Annual Report of The Council.*—The proposed annual report was presented and read, paragraph by paragraph. (Recess taken from 6:15 to 8:15 p. m.) After a full reading and thorough discussion, motion was made by Drs. Hafford-Bandy that the report as read be approved. Carried unanimously.

The question of including in the Annual Report of The Council, the recommendation of the Special Committee appointed to study Schedules A, B, C, D, was discussed. Dr. Purcell, President of the Michigan Orthopedic Society, presented the revised fee schedule for orthopedic procedures in the care of crippled children under the state law. Motion of Drs. Heavenrich-MacMullen that the Chairman of the Special Committee on Study of Schedules A, B, C, D, shall present this report, including the orthopedic schedule, to the House of Delegates at its 1936 session. Carried unanimously. It was recommended that Drs. Purcell, and E. R. Witwer of the Michigan Radiological Society attend the meeting of the Reference Committee at which this report will be studied.

4. *Post-Payment Plan.*—The Chair requested that the outline of a post-payment plan which is being operated by one county medical society in Michigan be read to The Council. Dr. Cook stressed the need for the integration of post-payment plans for the borderline group by individual county medical societies.

5. *British Medical Association Secretary.*—Dr. Ekelund mentioned that Dr. Charles Hill, Deputy Medical Secretary of the British Medical Association, would be in Detroit on October 5 or 6 to discuss socio-economic matters. Motion of Drs. Carstens-McIntyre that the President, the Chairman of The Council, the Medical Secretary, and the Executive Secretary be designated as a committee to meet Dr. Hill, and to invite others to meet with him, and to arrange the contact as they see fit, with power to act. Carried unanimously.

6. Dr. Brunk presented the matter of professional cards in THE JOURNAL, as The Council of the Wayne County Medical Society wished to ascertain the viewpoint of The Council of the Michigan State Medical Society on this practice. This was thoroughly discussed, and resulted in a motion by Drs. Brunk-McIntyre that inasmuch as the publication of professional cards is a generally-accepted practice in state medical society journals, circulating only to the medical profession, and is considered an ethical practice by the American Medical Association, that same be continued in THE JOURNAL of the Michigan State Medical Society. Carried unanimously.

7. *Dr. B. D. Harrison Tablet.*—Dr. Bandy reported for the Committee (Drs. Bandy, Manthei, Perry) on the erection of a tablet in Sault Ste. Marie to the memory of Dr. B. D. Harrison, part of the expense of which is to be borne by the Michigan State Medical Society. Dr. Bandy stated that the Committee recommended that the tablet be erected in the hospital at Sault Ste. Marie. Motion of Drs. Heavenrich-McIntyre that the committee recommendation be approved. Carried unanimously.

8. *Technical Exhibitors.*—President Penberthy spoke of the technical exhibit of 72 booths and urged all Councilors to visit each, meet the exhibitors, introduce themselves, and show their interest and appreciation of the efforts of these friends of the profession.

9. *Adjournment.*—The meeting was adjourned at 9:47 p. m.

## SECOND SESSION

**September 22, 1936**

1. *Roll Call.*—The meeting of The Council was called to order by Dr. Henry Cook, Chairman, at 7:50 p. m. in the Founders Room, Book-Cadillac Hotel, Detroit, September 22, 1936. Those present were Drs. Henry Cook, Flint; F. T. Andrews, Kalamazoo; F. A. Baker, Pontiac; F. C. Bandy, Sault Ste. Marie; W. E. Barstow, St. Louis; A. S. Brunk, Detroit; H. R. Carstens, Detroit; H. H. Cummings, Ann Arbor; I. W. Greene, Owosso; T. F. Heavenrich, Port Huron; R. H. Holmes, Muskegon; H. MacMullen, Manistee; W. A. Manthei, Lake Linden; J. E. McIntyre, Lansing; V. M. Moore, Grand Rapids; B. H. VanLeuven, Petoskey, and P. R. Urmston, Bay City. Also present: President Grover C. Penberthy, Detroit; President-elect H. E. Perry, Newberry; Secretary C. T. Ekelund, Pontiac; Executive Secretary Wm. J. Burns and guests. Absent: Dr. G. C. Hafford.

2. *Organization of The Council.*—Dr. P. R. Urmston was elected as Chairman of The Council, and spoke briefly on the aims and hopes of his administration. Dr. T. F. Heavenrich was chosen as Vice Chairman of The Council. Dr. H. R. Carstens was elected as Chairman of the Finance Committee. Dr. J. E. McIntyre was chosen as Chairman of the County Societies Committee. Dr. A. S. Brunk was elected as Chairman of the Publication Committee.

3. *Place of Annual Meeting.*—This matter, referred to The Council by the House of Delegates, was discussed. An invitation on behalf of the city of Grand Rapids was extended by a representative of the Grand Rapids Convention Bureau. The Chair stated that the Grand Rapids facilities would be investigated. By action of The Council, the choice of the meeting place was deferred until a report on this investigation is presented.

4. *Chairman of P. R. C.*—The Chair spoke of Dr. L. Fernald Foster's work during the past year as Chairman of the P. R. C. He has traveled 9,910 miles and covered 72 of the 83 counties. Motion of Drs. Brunk-MacMullen that Dr. Foster be given an honorarium of $500 to cover part of his expenses since November, 1935, and a vote of thanks by this Council for his excellent and untiring work with the Public Relations Committee of the Michigan State Medical Society. Carried unanimously.

5. *Recess.*—Motion of Drs. McIntyre-Carstens that The Council recess to Wednesday, September 23, 12:30 p. m. Carried unanimously.

The Council recessed at 8:45 p. m.

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## THIRD SESSION

**September 23, 1936**

6. *Roll Call.*—The meeting was called to order by Dr. P. R. Urmston, Chairman, at 12:55 p. m. in the Book-Cadillac Hotel, Detroit. Those present were Drs. Henry R. Carstens, Detroit; J. E. McIntyre, Lansing; George C. Hafford, Albion; F. T. Andrews, Kalamazoo; Vernor M. Moore, Grand Rapids; I. W. Greene, Owosso; T. F. Heavenrich, Port Huron; W. E. Barstow, St. Louis; Harlen MacMullen, Manistee; P. R. Urmston, Bay City; Roy H. Holmes, Muskegon; F. C. Bandy, Sault Ste. Marie; B. H. Van Leuven, Petoskey; H. H. Cummings, Ann Arbor; Frederick A. Baker, Pontiac; A. S. Brunk, Detroit; W. A. Manthei, Lake Linden; Frank E. Reeder, Flint; Henry E. Perry, President, Newberry, and Executive Secretary Wm. J. Burns.

7. *Remarks by the Chairman.*—Dr. Urmston outlined the work of the Councilors for the ensuing year, stressing the requirement of activity by each Councilor in his own District. He urged the Councilors to make tours of their counties at the earliest possible date, especially before the meeting of the Legislature, so that the Councilors could explain the proposed basic science bill to the physicians, who, in turn, could contact the Legislators and supply authentic information. He mentioned several county medical societies which are holding dinners for the physicians and legislators.

Dr. Urmston stated we must support President Perry and all future presidents in their work of making the Michigan State Medical Society a better organization. He asked each member of the Executive Committee to write him re the best dates for the meetings of this Committee, stating that most of the Executive Committee meetings this year would be held in Lansing, due to the meeting of the Legislature.

8. *Minutes.*—On motion of Drs. Brunk-Andrews, the minutes of The Council meeting of September 20, 1936, and of The Council recessed session of September 22, 1936, were approved. Carried.

9. *Resignation of Secretary Ekelund.*—Dr. Cummings presented the following letter of resignation from Dr. C. T. Ekelund:

"To the Council of
The Michigan State Medical Society
Greetings:

"I hereby tender my resignation as Secretary of the Michigan State Medical Society, effective as soon as a proper audit of the Society's finances can be accomplished and approved by the Executive Committee.

Signed, C. T. EKELUND, M.D.

Sept. 23, 1936."

Motion of Drs. McIntyre-Heavenrich that the resignation of Dr. Ekelund be accepted and that his salary be continued until such time as the audit of the Michigan State Medical Society books is accepted by the Executive Committee of The Council. Carried uninamously.

Motion of Drs. Cummings-Holmes that the Chair appoint a committee to draw up resolutions commending Dr. C. T. Ekelund for his fine work as Secretary of the Michigan State Medical Society. Carried unanimously. Committee: Drs. Cummings and Carstens.

10. *Election of New Medical Secretary.*—Dr. McIntyre nominated Dr. L. Fernald Foster of Bay City for the position of Secretary of the Michigan State Medical Society, and spoke re the tremendous amount of work which Dr. Foster as Chairman of the Public Relations Committee had done during the past year for the State Society. The nomination was supported by Drs. Heavenrich, Bandy and others. Upon motion duly made, seconded and carried, the nominations were closed and the secretary was instructed to cast the unanimous ballot of The Council for Dr. Foster as Secretary, and he did so cast. Dr. Foster was thereupon announced by the Chair as Secretary of the Michigan State Medical Society.

11. *Committees for 1936-37.*—President Perry presented his committees for the ensuing year. Each of the standing and special committees was studied by The Council and individually approved. Mo-

tion of Dr. Brunk, seconded by several, that the list of committees be approved in toto. Carried unanimously.

12. *Technical Exhibits.*—Motion of Drs. Moore-McIntyre that in future contracts with technical exhibitors at Michigan State Medical Society annual meetings, a clause be inserted that materials and equipment not accepted by the American Medical Association Council shall not be allowed in the exhibit of the Michigan State Medical Society. Carried unanimously.

13. *Audit of the Books.*—Motion of Drs. Carstens-Cummings that the firm of Ernst & Ernst be instructed to audit the books of the Michigan State Medical Society immediately. Carried unanimously.

14. *Additional Meetings of The Council.*—The suggestion of the Reference Committee on Annual Report of The Council at the House of Delegates meeting of September 22, 1936, that The Council hold three or four meetings a year, was discussed. A Spring meeting of The Council was planned.

15. *Cost of Entertainment at Annual Meetings of the Michigan State Medical Society.*—The Council discussed the sentiment of local physicians, prospective hosts of the Michigan State Medical Society Annual Meeting, that the cost of entertaining dampened their enthusiasm for holding Michigan State Medical Society meetings in their communities, with the result that few invitations were being presented of late to the House of Delegates. Motion of Drs. Moore-Heavenrich that the Michigan State Medical Society assume all the details of its Annual Meeting by having a special Michigan State Medical Society committee appointed to handle all matters, said State Society Committee to be augmented by physicians located in the city where the Convention is to be held, all to be under Michigan State Medical Society direction, and with no additional contribution for entertainment to be levied on the local profession. Carried unanimously.

16. *Adjournment.*—The meeting was adjourned at 2:15 p. m., after the Chair had thanked all for their attendance, helpful suggestions and sound advice.

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### Hypoglycemic State in Treatment Of Schizophrenia

Bernard Glueck, Ossining, N. Y. (*Journal A. M. A.*, Sept. 26, 1936), states that the evidence is far from conclusive that the effects of the hypoglycemic state and of the insulin shock in patients with schizophrenia is something specific to this form of disorder. The average patient's reaction to this sudden deprivation of the organism of its sugar content has much in it of the nature of a profound organismal and personality disintegration. No other form of psychiatric therapy requires as much care, skill and caution in its application as does this. Four deaths have been recorded in connection with the treatment, three in Vienna and one in Switzerland, but it is impossible to state with accuracy what percentage this constitutes of the total treated. While undergoing the treatment, the patients appear to be in fine physical condition, usually gain weight, and, aside from a slight sense of fatigue, do not complain of physical discomfort during the time when they are not in the hypoglycemic state. The object is to achieve a progressive insulinization of the patient through the intramuscular administration of daily increasing doses of insulin until the so-called shock dose is attained.

# COUNTY SOCIETIES

## CALHOUN COUNTY

The September meeting of the Calhoun County Medical Society was called to order at 8:00 p. m., Tuesday evening, September 1, 1936, at the Kellogg Hotel, by the president, Dr. R. C. Winslow.

Minutes of the last meeting were approved as published in the *Bulletin.*

The secretary read communications as follows:

One from Mrs. L. G. Fell to President Winslow regarding the establishment of a Service League to coöperate with the Calhoun County Medical Society and the Battle Creek Academy of Medicine and Dentistry. The purpose is to establish a health center for the education of expectant mothers in pre-natal care and in fundamental health routine of infants and pre-school children.

After some discussion a resolution was adopted to refer to the Battle Creek Academy of Medicine and Dentistry for the appointment of a committee to investigate and study, and if found advisable to coöperate.

A letter from R. H. Kirschman, stating that he appreciates the medical problems in the probate judge's work and will coöperate. Upon motion, this letter was placed upon the table. Two other candidates have visited our officers and committees and pledged their coöperation also—Schroeder, of Marshall, and Aldrich, of Battle Creek.

The secretary presented a communication from the state secretary and excerpts from the state secretary's formal letter, calling our attention to the help received and courteous response from Representative Frey and Senator Baldwin, both of whom are up for renomination and are not unopposed. We need such representatives as these at Lansing.

There was considerable discussion by our members and by Dr. Jacob Burley, president St. Clair Medical Society, a guest, and by Dr. T. F. Heavenrich, councilor of the sixth district, and also a visiting guest.

The amendment to the Constitution was read a second time and adopted unanimously. Article 3, Section 1, first sentence to be changed to read: "The annual dues of this society shall be five dollars plus the annual Michigan State Medical Society assessment."

The application of Dr. Archie E. Humphrey of Marshall was read a second time and he was unanimously elected to membership.

The application of Dr. Leland R. Keagle, Battle Creek (Northwestern, 1934), recommended by Doctors MacGregor and Overholt, and of Dr. Alice F. Campbell, Albion (University of Michigan, 1933), recommended by Doctors Hafford and Curry, were given a first reading and held over until next month. Dr. Melges announced that the next meeting will be a joint meeting with the Calhoun County Bar Association at our regular time.

He introduced Dr. G. deTakats, professor of surgery, University of Illinois, Chicago, who talked and gave a lantern demonstration of the "Treatment of Varicose Veins." This was a most practical talk, giving the when, the how, and when not to —very few big words and all understandable. Several questions were asked by Doctors MacGregor, Mustard, Rosenfeld and Gorsline.

The meeting adjourned. Attendance at dinner, 45; at meeting, 64.

WILFRID HAUGHEY,
*Secretary.*

## MANISTEE COUNTY

As a rule, Society meetings follow a usual routine and get a little humdrum. To keep things moving, our society takes a hypodermic, once in every little while. For our September tonic, we met on top of a wooded bluff, high up over Lake Michigan, about ten miles from town, where we had a beautiful view of the lake, and also could look all over Portage Lake.

Roll call showed all present but two, and one of those happened to be in the opposite end of the state. For refreshments, each had a thick, juicy steak grilled over an open fire, with all the usual side issues to a good square meal, and topped off with good old fashioned pie.

If any society finds interest lagging, just advise them to try out something like this. It is "the berries."

C. L. GRANT, M.D.,
*Secretary-Treasurer.*

## NORTHERN MICHIGAN

The first regular meeting of the Northern Michigan Medical Society, following the summer vacation, was called to order at the Hotel Perry, Petoskey, September 10, with President Engle in the chair. The following members were present: Engle, Van Leuven, Mast, Conway, Brenner, Grillett, McMillan, Dean and Saltonstall.

The minutes of the May meeting were read and approved. The secretary then read the accumulated correspondence as follows: A letter from Dr. C. C. Slemons of the State Board of Health, announcing a series of post-graduate lectures and conferences in Obstetrics at the Community Center, Petoskey, beginning on the evening of Tuesday, September 29. These lectures are to be given by Dr. Alexander Campbell of Grand Rapids and will continue once weekly for six weeks.

A letter from the Detroit Dermatological Society offering the services of a speaker on dermatology and syphilology for one of our meetings in the near future.

A letter from the W. A. Baum Co., stating that they are vigorously opposed to the capitalization by lay persons on blood pressure readings and that they are doing everything in their power to prevent the sale of their instruments to others than the medical profession.

A copy of a resolution of the Emmet County Board of Supervisors in answer to the motion of the Society at the May meeting to revert to the original fee schedule for medical services to indigents in Emmet County. The resolution read as follows: "Resolved: That we continue our present schedule of payment for medical services." The resolution was passed with but one dissenting vote, that of our good brother, Dr. Frank.

A letter to Councilor Van Leuven from Dr. Cummings, chairman of the Michigan State Medical Society Legislative Committee, asking our support and influence towards the reëlection of legislators who have proven themselves friends of the medical profession in the past.

Dr. Brenner presented his resignation as Secretary of the Society made necessary by his leaving this locality. Dr. McMillan moved a vote of thanks to Dr. Brenner for his capable and efficient work as Secretary of our Society for the past six years and wished him all success in his new endeavors. Supported by Dr. Conway the motion was passed unanimously. President Engle appointed Dr. Saltonstall as Secretary until the regular election of officers.

The Secretary was instructed to invite the nurses of the hospitals in our district to the series of obstetrical lectures, beginning September 29.

A suggestion was made that the next regular meeting be held on the night of Tuesday, October 6, in order to coincide with the second obstetrical lecture night.

President Engle appointed Dr. Dean as Program Committee for December.

The meeting was adjourned.

GILBERT B. SALTONSTALL, M.D.,
*Secretary.*

## WAYNE COUNTY

The Medical Service Bureau, during the past six months, has undergone a critical analysis by a group of impartial citizens and business men, appointed through the Health Council of Metropolitan Detroit. An interesting and favorable report of 26 pages is just off the press. Before publication, it will be studied by the Health Council, and by the Board of Trustees of the Wayne County Medical Society (the Trustees have direct control of the Medical Service Bureau). To many authorities on the social aspects of medical care, this post-payment plan for meeting the costs of sickness where and when they arise is the logical, fair, and American way to solve the problem that confronts us.

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The regular weekly meetings of the Wayne County Medical Society started October 5, in the Lecture Hall of the Detroit Institute of Arts. An audience of 400 heard Dr. Louis B. Wilson, Professor of Pathology and Director of the Mayo Foundation, Rochester, Minnesota, explain the "National Specialty Qualifying Boards in Relation to Graduate Medical Education." Dr. Wilson was introduced by Dr. Raymond B. Allen, Dean of the Wayne University College of Medicine. Dr. T. K. Gruber presided.

Dr. Everett D. Plass, Professor and Director of the Department of Obstetrics and Gynecology of the State University of Iowa, spoke on October 12, on "The Induction of Labor." He was introduced by Dr. George Kamperman of Detroit. Dr. P. L. Ledwidge acted as chairman of the meeting. "Latent Syphilis as a Cause of Heart Disease" was the subject chosen by Dr. Roy W. Scott, Professor of Clinical Medicine of Western Reserve University School of Medicine, Cleveland, for his address before the Wayne County Medical Society, on October 19. Dr. Edward D. Spalding of Detroit introduced Dr. Scott. Dr. T. K. Gruber presided.

Dr. Victor G. Heiser of New York, the author and scientist, addressed the Society on October 26. A record crowd heard him tell of his medical adventures during sixteen trips around the world. Dr. Walter L. Hackett was chairman of this meeting.

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An Annual Medical Ball is being discussed in Detroit by officers and members of the Wayne County Medical Society. It is hoped that such an affair can be arranged this winter and developed as an annual event.

C. E. UMPHREY, M.D., *Secretary.*

### Treatment of Dementia Paralytica

Clarke H. Barnacle, Franklin G. Edbaugh and Jack R. Ewalt, Denver (*Journal A. M. A.*, Sept. 26, 1936), report on a comparative study of combined artificial fever and tryparsamide versus therapeutic malaria in the treatment of sixty cases of dementia paralytica over a one year period. Chemotherapy followed both methods. During this period in the artificial fever series 70 per cent (twenty-one patients) were definitely benefited, while in the malaria group 63.3 per cent (nineteen cases) were likewise helped. The serologic reactions of the cerebrospinal fluid in both groups did not parallel the clinical results.

## MICHIGAN'S DEPARTMENT OF HEALTH

**C. C. SLEMONS, M.D., Dr.P.H., Commissioner**
**LANSING, MICHIGAN**

### Sixteenth Annual Public Health Conference

The Sixteenth Annual Public Health Conference sponsored jointly by the Michigan Department of Health and the Michigan Public Health Association will be held in Lansing at Hotel Olds November 11, 12 and 13. Allied health organizations such as the State Organization for Public Health Nursing, the Michigan Association of School Physicians, and the Michigan Association of Sanitarians will hold their annual meetings in conjunction with the Conference.

Surgeon General Thomas Parran, Jr., chief of the United States Public Health Service, heads the list of distinguished speakers who will appear at the Conference. Dr. Clara M. Davis of Chicago Children's Memorial Hospital is also scheduled to speak at the opening afternoon session.

General conference sessions will be devoted to the coördination and promotion of the whole field of public health while round table groups take up specific phases of interest to group members. The State Organization for Public Health Nursing will hold a pre-conference session Wednesday morning followed by a luncheon. Michigan Association of School Physicians will hold its business meeting at a luncheon on Wednesday and meet for a post-conference session on Friday afternoon.

Conference sessions will be open to all members of the health professions as well as lay persons interested in public health. There are no fees for admittance to the sessions. Further information regarding the conference program may be secured from the Michigan Department of Health, Lansing.

### New County Health Directors

Dr. T. E. Camper of Camden, Delaware, has been appointed health director of Iron County and will maintain department headquarters at Stambaugh. Dr. Camper was formerly school physician at Hightstown, N. J., and holds a certificate in public health from the University of North Carolina.

Dr. L. V. Burkett, Akron, Ohio, became director of the Midland County Health Department October 1, succeeding Dr. David Littlejohn, who has become director of Chippewa County Health Department. Dr. Burkett was formerly professor of hygiene and public health at DeKalb Teachers' College.

Dr. F. G. Austin, formerly director of county health administration for the Wyoming state board of health, assumed his new duties as director of the Houghton-Keweenaw Health Department October 1. The offices of this department are located at Houghton.

Dr. Frank Carroll has been appointed director of the VanBuren County Health Department.

Dr. L. H. Gaston will relieve Dr. E. V. Thiehoff as director of District No. 7, including Clare, Gladwin and Arenac counties, while Dr. Thiehoff is on leave of absence attending the Johns Hopkins School of Public Health.

### Postgraduate Lectures in Obstetrics

Many physicians in the northern counties of lower Michigan are attending the postgraduate lectures in obstetrics given at Traverse City, Petoskey, Alpena and Grayling by Dr. Alexander M. Campbell of Grand Rapids, chairman of the maternal health committee of the Michigan State Medical Society.

More than two-thirds of the deaths and disabilities associated with childbirth are preventable, Dr. Campbell told the seventy physicians who attended the opening lectures. The responsibility for this condition has been placed squarely on the shoulders of the medical profession, he said. Thus it becomes a vital phase of the physician's service to his community, he said, to educate the public in what constitutes efficient maternal care and to insist that his patients obtain that care early.

The obstetrician must be consulted early, said Dr. Campbell, even before parenthood is contemplated, if we are to reduce our maternal mortality and morbidity. The increasing feminine demand for "painless" births through various types of artificial interference was condemned by Dr. Campbell, who urged doctors to combat this tendency in favor of more normal deliveries unless complications intervene.

Dr. Campbell's illustrated lectures are continuing for six weeks at Traverse City on Monday; Petoskey, Tuesday; Alpena, Wednesday; and Grayling, Thursday. Lecture subjects for the succeeding meetings include "Adequate Prenatal Care," "Toxemias of Pregnancy," "Conduct of Normal Labor," "Management of Common Complications of Labor," and "Postpartum Care."

The lectures are sponsored by the Michigan Department of Health with the coöperation of the Michigan State Medical Society and the University of Michigan.

### Improved Laboratory Service for Physicians

Greater efficiency and speed of laboratory diagnostic and analytical service to the physicians of the state will be possible with the facilities made available by the virtually completed new $175,000 laboratory at the Biologic Products Division of the Michigan Department of Health.

The new laboratory, constructed as a WPA project three miles northwest of Lansing on the site of the other units of the present biologic plant, will give Michigan one of the most complete public health laboratory services in the nation. The three-story brick and concrete structure will centralize all laboratory agencies now maintained by several state departments.

Public health activities will include an improved service in the production and free distribution of biologics to physicians and local health departments. Such biologics are now produced for the control or prevention of smallpox, diphtheria, scarlet fever, rabies, tetanus, typhoid fever, tuberculosis, meningitis and ophthalmia neonatorum. Research is now being carried on looking to the development of preventives for pneumonia, whooping cough and possibly influenza.

Rouitne laboratory services are also extended to physicians in the diagnosis or analysis of the following diseases or conditions: Amebiasis, anaërobic infections, bacillary dysentery, diphtheria and diphtheria carriers, gonorrheal infection, intestinal parasites, malaria, meningitis, mycoses, pertussis, pneumonia and other pneumonia infections, poliomyelitis, psittacosis, rabies, septic sore throat, septicemia, syphilis (serodiagnosis for patients unable to pay regular commercial fee), tuberculosis, tularemia, typhoid fever and typhoid carriers, undulant fever and Vincent's infection. Specimen outfits will be mailed to physicians upon request.

The Department of Health laboratories also carry on bacteriological and chemical examinations of water and sewage; bacteriological examination of milk, food and other specimens related to epidemics; and bacteriological, toxicological and other examinations of material suspected of causing occupation-

al pathology. Legal departments of state and local governments are offered service in the examination of post-mortem material, drugs, urine, gastric contents or other specimens of medico-legal significance.

These services are available to physicians at the Lansing laboratories as well as at the Branch Laboratory at Houghton or the Western Michigan Division Laboratory at Grand Rapids.

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### Communicable Disease Incidence

Scarlet fever has, during the last month, continued at a slightly higher incidence than for a year ago. At this writing the time for the sharp seasonal increase has not arrived but it is anticipated that such an increase may reach greater proportions than that of last year.

On the other hand, poliomyelitis continues very low. The total number of cases reported from January 1 to the end of September is 68. For the same period of last year there were 470 cases reported.

The incidence of typhoid fever continues very low. This is the first year since the time of our intensive typhoid control work that one or more outbreaks of the disease have not come to our attention previous to this date. All cases so far reported have been "sporadic." The number of cases reported from January 1 to the end of September was 180. The number reported for the same period last year was 255.

During the month of September there occurred several cases of smallpox in Muskegon Heights. As a result of this, the health officers of Muskegon Heights and Muskegon have stimulated vaccination campaigns and quite a number have been immunized against smallpox. The cases in Muskegon Heights were more severe and typical of the smallpox that the older physicians are acquainted with than anything which has come to light in the state for some time past. Although the number of cases was limited to a half dozen or less, this is a greater concentration of typical cases than has been seen elsewhere.

Recently there have been reported two cases of typhus fever. These are the first cases of the disease that have been reported in Michigan for several years. There is apparently no connection between the two, the one being in the extreme western part of the state, Benton Harbor, and the other in Detroit. The Benton Harbor case was hospitalized in Chicago.

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### Slow Carbon Monoxide Asphyxiation: Neglected Clinical Problem

Harvey G. Beck, Baltimore (*Journal A. M. A.*, Sept. 26, 1936), reports on a series of carefully studied cases of slow carbon monoxide asphyxiation. The symptoms exhibited have been correlated with the pathologic lesions produced in experimental animals and found at autopsy. The results establish the fact that slow carbon monoxide asphyxiation (anoxemia) produces a definite clinicopathologic entity despite views held to the contrary. The symptoms arise predominantly from organs rich in blood supply, thus demanding much oxygen, such as the central nervous system and the heart muscles. Owing to doubt and uncertainty as to the actual existence of the malady and a scant literature on the subject, the condition is not generally recognized by the profession and its importance has been underestimated. Since there is no medicinal remedy when the organic changes have once developed, treatment must be directed toward its prevention by proper public health measures.

## OBITUARY

### Dr. Murdock M. Kerr

1871-1936

Dr. Murdock M. Kerr, well known in Detroit in both medical and civic affairs, died September 12, 1936. Dr. Kerr was born on October 8, 1871, in Kincardine, Ontario. After being graduated from the Detroit College of Medicine and Surgery, he began his medical practice in the copper country of Northern Michigan, and came to Detroit after the World War. He served in the 119th Field Artillery in France and, while directing an evacuation in a first aid station, was wounded during the second battle of the Marne. He achieved the rank of Lieutenant Colonel. Dr. Kerr was an active member of the Wayne County Medical Society, as well as having taken a great interest in civic affairs. In 1929 he was a candidate for the Detroit Common Council and in 1931 directed the taking of the census of the west side in Detroit.

Dr. Kerr is survived by his wife, Antoinette; two sons, Murdock, Jr., and Jack; and a daughter, Elizabeth; a sister, Miss Anna Kerr; and a brother, John, of Calumet, Michigan.

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### Artificial Fever in Treatment of Gonorrheal Ophthalmia

As fever treatment of gonorrheal infections in various parts of the body is beneficial and as the lethal death time of Heisseria gonorrhœæ at 41.5 C. (106.7F.) varies between six and twenty-four hours, W. T. Hasler, Jr., and Louis Spekter, Durham, N. C. (*Journal A. M. A.*, July 11, 1936), treated six cases of gonorrheal ophthalmia with radiant energy. Treatments for five hours at 41.5 C. or lower (never higher) may be given instead of the twelve hourly period, which requires two or three shifts of nurses. However, more treatments will be required. During the first two or three hours of fever the conjunctival discharge diminishes rapidly in amount and the edema becomes less, allowing the irrigating solution to reach all parts of the conjunctiva. Toward the end of the treatment the changes have progressed, so that the cornea, which perhaps could not be seen well before treatment, because of chemosis, now can be more clearly observed. Irrigations may be continued with ease for the next few days. Gonococci, which still may be present, seem to be less resistant to antiseptics. Though irrigations may not be necessary, it is wiser to carry them out at intervals of four hours. If the infection is not eradicated by the first treatment, the inflammatory process may recur in two or three days, when a second treatment should be given. Of the six patients having gonorrheal ophthalmia the organisms disappeared after one or two treatments in five. In the sixth the gonoccocci disappeared one week following the second treatment.

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Counsel was showing how easy it is for a man to make a wrong statement. "When I left home this morning," he said, "I could have sworn that I had my watch with me. But now I recollect leaving it on the bathroom window-ledge."

When he arrived home that evening, his wife said: "What a fuss to make about a watch! Fancy sending ten men for it! Of course I gave it to the first messenger. He knew where it was."

# General News and Announcements

**You can't think of** THE JOURNAL without thinking of the advertisers who support it.

* * *

**Afflicted Child Commitments:**
September, 1936—1,270 cases, of which 227 went to University Hospital.

* * *

**Crippled Child Commitments:**
September, 1936—216 cases, of which 80 went to University Hospital.

* * *

**The Hack Shoe Company** of Detroit has already placed an order for an exhibit in the 1937 Exhibition of the Michigan State Medical Society.

* * *

**Dr. Harrison G. Palmer,** formerly of Detroit, has moved to St. Petersburg, Florida, where he has resumed the practice of medicine.

* * *

**The name of the Jefferson Clinic,** Detroit, which was founded in 1911, has been changed to the Alexander Blain Hospital. It is located at 2201 Jefferson Avenue E., Detroit.



**The Standing and Special Committees** of the Michigan State Medical Society for 1936-37, as appointed by President Henry E. Perry and approved by The Council, are published in this issue of THE JOURNAL, page vi.

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**At the annual meeting** of the section on surgery of the Michigan State Medical Society, Dr. Charles S. Kennedy of Detroit was elected chairman for one year and Dr. William Torgerson of Grand Rapids, secretary for two years.

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**Dr. E. V. McCollum,** professor in the School of Hygiene and Public Health of Johns Hopkins University, Baltimore, has accepted the invitation to deliver the Beaumont Lectures for 1937, given under the auspices of the Wayne County Medical Society.

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**The Calhoun County Medical Society** held a joint meeting with the Calhoun County Bar Association on Tuesday, October 6, 1936, at the Athelstan Club, Battle Creek. The speaker of the evening was Dean Leon Green of Northwestern University School of Law.

**Dr. I. W. Greene** of Owosso has been appointed chairman of the County Societies Committee of The Council to take the place of Dr. J. Earl McIntyre, resigned. Dr. Greene becomes a member of the Executive Committee of The Council by virtue of his chairmanship.

* * *

**Approximately 215 doctors** were licensed by examination during 1936 to practice medicine in this state. Among this number, 97 were graduated from the University of Michigan Medical School, 82 from the Medical Department of Wayne University, and 36 from medical schools outside the state.

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**Fifty-four thousand (54,000) watts** of electricity were used by the Scientific Exhibitors at the Detroit Convention of the Michigan State Medical Society, in September, 1936. This is equivalent to $135.00! The total of fifty exhibits was the record number for the State Society.

* * *

**"State Society Night" in Ingham County** will be held on Tuesday, November, 10, at the Olds Hotel, Lansing. The officers of the Michigan State Medical Society will be honored guests. The speaker of the evening will be Dr. John H. J. Upham of Columbus, Ohio, President-elect of the American Medical Association.

* * *

**Four thousand three hundred and eighty-seven** (4,387) lines of publicity on the Seventy-first Annual Meeting of the Michigan State Medical Society in Detroit, September 21 to 24, appeared in the *Detroit Free Press,* the *Detroit News,* the *Detroit Times,* and other daily and weekly newspapers of the State of Michigan!

* * *

**Dr. Morris Fishbein,** editor of *The Journal of the American Medical Association,* writes Secretary Foster of the Michigan State Medical Society: "We are glad to reflect in *The Journal,* advanced medical activities, such as those represented by the Michigan Filter System. Keep us in mind whenever anything new develops."

* * *

**"The Filter System,"** an address by Dr. L. Fernald Foster, Secretary of the Michigan State Medical Society, is on the program of the Annual Conference of Secretaries of Constituent State Medical Associations to be held in Chicago, Monday and Tuesday, November 16 and 17.

All officers and members of the State Society are invited to attend this Conference.

* * *

**Beery for Medical Tale**—Wallace Beery is by way of stepping out of his accustomed rôles to take part in a picture called "Exposure." It has to do with the American Medical Association and

its activities in discovering quackery in the profession. The regeneration of a young physician is also dealt with. Assurance is given that it will be a distinct departure for Beery, in spite of the wide range of portraits he has supplied.

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**The J. F. Hartz Company,** Detroit, writes: "We want to congratulate you on the splendid arrangement and exhibits at the recent convention in Detroit. It is our opinion and that of our representatives that it was one of the best which has been staged by the State Society for some time.

"We did some business, met old friends and made some new ones, which, after all, are satisfactory results from the exhibitor's standpoint."

* * *

**"Specialist"** loses his license in Michigan: Dr. W. D. Rea, itinerant "specialist" from Minnesota, who has visited practically all the cities of Michigan during the past few years for a two or three day stay in some hotel, lost his license to practice medicine in the state of Michigan, on October 13, 1936. The Michigan State Board of Registration in Medicine revoked his license on the grounds of running an advertisement in which grossly improbable statements were made.

* * *

**Legislative Facts:**

Legislature convenes in regular session biennially.
Next Regular Session—January, 1937.
The House of Representatives is composed of 100 members.
The Senate is composed of thirty-two members.
The Speaker of the House appoints all House committees.
The President of the Senate appoints all committees in that body.

* * *

**Doctor, inquire of the detail men** calling upon you monthly if their concerns are, first, advertisers in THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY? Second, did they exhibit at the Annual Meeting of the Michigan State Medical Society in Detroit, last September?

Please refer all detail men to the Executive Office of the Michigan State Medical Society, 2020 Olds Tower, Lansing, so that contacts may be made to gain these friends as advertisers in your JOURNAL and exhibitors at your Annual Convention.

* * *

**Do you need a speaker** to address your county medical society meeting? If so, contact the Executive Office of the Michigan State Medical Society, 2020 Olds Tower, Lansing. Be sure to indicate the exact date, time, and place of your meetings, subjects desired according to first, second and third choice, and the possible attendance. Please give the committee at least two weeks notice so that the best talent available will be procured for your county medical society; this is not possible on last minute notification.

* * *

**Medical supplements in newspapers** is a project being worked on by a number of county medical societies in Michigan. The Public Relations Committee recommended that every county society study the possibilities of a medical supplement in a newspaper of the county, to be published before January 1, 1937; this recommendation was approved by the House of Delegates of the Michigan State Medical Society, September, 1936.

Which county medical society of Michigan will be the first to inaugurate a medical supplement in a local newspaper?

* * *

**Orders for the brochure "Who Wants Socialized or State Medicine!"** are still coming to the Michigan State Medical Society, for large quantities as well as for individual copies: The Iowa State Medical Society has asked if it could procure 2,500 copies; the Medical Society of the County of Nassau, Mineola, Long Island, has obtained 1,000 copies; the New York State Medical Society has secured 500 copies; the Massachusetts State Medical Society ordered 300 copies; the Michigan State Dental Society, 100 copies.

Both the Tennessee and the Ohio State Medical Associations have reprinted the brochure, almost *in toto* in their journals.

* * *

**The Pet Milk Company** had an unusual exhibit at the Detroit Convention of the Michigan State Medical Society. Through an error, the description of this beautiful display was omitted from the official program. It is submitted at this tardy date, with apologies:

> **Pet Milk Company,** St. Louis, Missouri. An actual working model of a milk condensing plant in miniature—every part constructed to scale—was exhibited by Pet Milk Company. It showed the method by which the milk is processed from the time it is received from the farmer until it is sterilized in the can, ready for use.

* * *

**Alpha Kappa Kappa.**—The first annual meeting of the Michigan Association of the Alpha Kappa Kappa Medical Fraternity was held in the English Grill Room of the Book-Cadillac Hotel, Tuesday evening, September 22, at the time of the Michigan State Medical meeting.

Seventy members enjoyed the banquet and indulged in impromptu speeches afterwards.

The following officers were elected for the ensuing year:

President, Dr. C. S. Tartar (Harvard), Bay City; President-elect, Dr. D. B. Broderson (Michigan), River Rouge; Secretary, Dr. L. Fernald Foster (Pennsylvania), Bay City.

The next meeting will be held in March, 1937, at Detroit.

* * *

**"Blood pressure, hot dogs and merry-go-rounds"** is the title of a full-page advertisement recently prepared by the W. A. Baum Company, Inc., 460 West 34th Street, New York, for insertion in the medical journals of the United States. It is an exposé of the new charlatan who is taking the place of the old-fashioned medicine man at beach resorts, fairs and amusement parks. "Equipped with a white coat, a stethoscope and a blood pressure instrument," states this unusual advertisement, "these operators are capitalizing on the public's in-

terest in blood pressure. Their main concern is collecting a 10-cent or 15-cent charge 'per patient.'"

This company, along with other business houses which are using their brains and resources to stop medical quackery, are to be commended on their splendid and progressive activity in the interest of better health for the people.

* * *

**The Executive Office** of the Michigan State Medical Society is *your* office. The staff in the Executive Office at 2020 Olds Tower, Lansing, is maintained to be of service to you. As a member of the Michigan State Medical Society, either directly or through the officers of your county medical society, you may call upon the Executive Office of the Michigan State Medical Society for any service which may aid you in your practice. The scope of the services requested of and performed by the Executive Office appears to be without limitation. Some can be performed quickly—others require a day's time—others have taken as long as two weeks to accomplish the end desired by the individual practitioner.

The officers of the Michigan State Medical Society invite you to utilize the services available to you in your Executive Office in Lansing. The next time you are in the Capital City, drop in and inspect your headquarters and meet the personnel.

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**According to the report** published October 22, the American College of Surgeons, at its 26th clinical congress in Philadelphia, announced the following hospitals of Detroit and immediate vicinity on the approved list for the training of internes. The list includes the Charles Godwin Jennings Hospital; Chenik Hospital; Children's Hospital of Michigan; Delray General Hospital; East Side General Hospital; Evangelical Deaconess Hospital; Florence Crittenton Hospital; Grace Hospital; Grosse Pointe Hospital; Harper Hospital; Henry Ford Hospital; Herman Kiefer Hospital; Alexander Blain Hospital; Lincoln Hospital; Michigan Mutual Hospital; Parkside Hospital; Providence Hospital; Receiving Hospital; Redford Branch of the Receiving Hospital; St. Joseph's Mercy Hospital; St. Mary's Hospital; Shurly Hospital; United States Marine Hospital; Woman's Hospital; Eloise Hospital and Infirmary; Cottage Hospital, of Grosse Pointe; St. Francis Hospital of Hamtramck; and the Highland Park General Hospital.

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**Just to remind you,** a list of some of your friends who entered technical exhibits at the Detroit Convention of the Michigan State Medical Society will be published each month in THE JOURNAL. Here are ten of the firms which displayed their products at the Michigan State Medical Society Annual Meeting, in September, 1936, for your convenience:

The Akron Truss Company, Detroit, Michigan.

A. S. Aloe Company, St. Louis, Missouri.

The Arlington Chemical Company, Yonkers, New York.

The Bard-Parker Company, Inc., Danbury, Connecticut.

Brownie Food Company, Detroit, Michigan.

The Cilocon Corporation, Detroit, Michigan.

Coca-Cola Company, Atlanta, Georgia.

R. B. Davis Company, Hoboken, New Jersey.

DePuy Manufacturing Company, Warsaw, Indiana.

Detroit Dairy & Food Council, Detroit, Michigan.

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**Dr. Thomas Parran, Jr.,** Surgeon General of the U. S. Public Health Service will speak on "Syphilis as a Public Health Problem" at the 16th Annual Public Health Conference of the Michigan Public Health Association. The meeting will be held in the Olds Hotel, Lansing, Wednesday, November 11, 1936, at 2:00 p. m.

"Cancer" will be the subject of another paper at this session. It will be a slide lecture prepared by the Cancer Committee of the Michigan State Medical Society as part of the campaign of cancer education being integrated by the Cancer Committee and Public Relations Committee of the MSMS, with the aid of the Joint Committee on Public Health Education.

Dr. G. M. Byington, Director of Medical Relations for the Detroit Department of Health, is President of the Michigan Public Health Association.

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**Space at the State Convention** for technical exhibits was made available on last minute arrangements for the Wall Chemicals, Inc., and The Detroit X-Ray Sales Company. Regrettably, this did not allow time for including descriptions of the exhibits in the official program. Brief outlines are presented in this issue on the two attractive displays:

*Wall Chemicals, Inc.,* of Detroit, the only manufacturers of medical gases in Michigan, were represented by an interesting presentation of medical gas cylinders. A great deal of attention was centered in the new Kinet-O-Meter anesthesia machine used by the Company to exhibit its cylinders. Mr. Foster managed the booth.

*The Detroit X-ray Sales Company* had a fine grouping of shock-proof mobile x-ray equipment and a complete line of accessories. The improved technique slide rules came in for considerable attention. A distribution of bulletins was made on a new line of economical shock-proof diagnostic units. The booth was attended by Mr. L. McAlpine and Mr. O. C. Hamby.

* * *

**Wayne Medical School Appointees:** Dr. Raymond B. Allan, dean of the Medical Department of the Wayne University, has announced the appointment of four professors to the faculty. The movement to keep up the standards of the school started last spring with the appointment of Dr. Allen as full-time dean. Dr. Charles G. Johnson, formerly of the surgery department of the University of Pennsylvania, has been appointed professor of and head of the department of surgery. He has also received a Public Welfare Commission appointment to be attending surgeon and director of surgery at Receiving Hospital. The professorship in anatomy goes to Dr. Warren O. Nelson, who was assistant professor of anatomy at Yale University, and he will also head that department. Dr. Hugo Freund, now chief of the medical department of Harper Hospital, will be professor of clinical medicine, and the medical director of Children's Hospital, Dr. Thomas B. Cooley, has been appointed professor of pediatrics.

Along with the appointments, two advancements were made at the College. Dr. Ward B. Seeley, who is a chief obstetrician at the Herman Kiefer Hospital and has been professor of obstetrics and gynecology at the College of Medicine, was named head of the department of obstetrics and gynecology. Dr.

Gordon B. Myers was advanced to the professorship of medicine and also head of that department. He has been for two years in charge of medical students at Receiving Hospital.

* * *

**The Henchmen O' Clan Campbell** assembled for dinner, September 23, at the Book-Cadillac, during the session of the State Society to do honor to their Chief.

Dr. Don has had many assistants during the years he has practiced his profession, and on this occasion, fifteen of them met with their Chief.

Dr. Robert Fraser, dean of the assistants, came from Port Huron to speak words of appreciation. Dr. John McRae of Grand Rapids was there, as were Drs. Don M. Howell of Alma, Ralph Ferris of Birmingham, and the Detroit contingent consisting of Duncan A. Campbell, J. M. Carter, Don Cohoe, William Fenner, Mac. D. Campbell, William S. Summers, John E. Pittman, Wesley Wilson, F. E. Bowman, Max Wainger, and J. M. Robb.

The boys—their persons bedecked wi' tartan neckties of the Campbell stripe—in addition to doing justice to the menu, sang lustily to the accompaniment o' the pipes, "The Campbells Are Comin'."

During the evening Dr. Don was presented with a picture of his one-time college professor, Dr. Joseph Bell of Edinburgh, Scotland, Dr. Robb making the presentation as well as acting as toastmaster for the occasion. Dr. Bell was a man of most uncanny diagnostic acumen and so impressed one of his pupils, Conan Doyle, that Sherlock Holmes evolved in fiction.

Dr. Campbell is a Licentiate of the Royal College of Surgeons of Edinburgh, obtaining his degree in 1886, two years before the coming to the college of Conan Doyle.

All in all, this was an occasion long to be remembered by those in attendance.

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## Chiropractors Curbed

The State of California licenses 10,859 doctors of medicine, 3,375 chiropractors. One out of five of the world's chiropractors presumably practices in California. This summer, San Francisco's M. (for Michael), Jas. for (James), McGranaghan (for McGranahan) was, therefore, gambling the future of a large section of his profession when he went to court to compel a decision on what a California chiropractor might and might not do to another Californian's body.

One side of Michael McGranaghan's business card says *M. James McGranaghan, Chiropractor.* On the other side it reads *M. Jas. McGranaghan, Attorney at Law.* He practices law from 9 to 12 every morning, chiropractic from 2 to 6 each afternoon, will take a case involving either profession at any hour. When he stops being a lawyer he lays aside his cigar, steps back of a curtain, puts on a black dressing gown edged with white.

Lawyer McGranaghan believed that Chiropractor McGranaghan's license to practice chiropractic permitted him to do practically everything to the human body except dose it with drugs or alter it by major surgery. To establish this belief in law, Chiropractor McGranaghan, having pretended he was sick, sued another friendly chiropractor, Dora Berger, for refusing to give him anything more than spinal adjustment within the letter of the law. Chiropractor Berger behaved properly, decided the court, ruling against Chiropractor-Patient McGranaghan. Lawyer McGranaghan appealed.

Last week, California's Superior Judge John J. Van Nostrand upheld the lower court. California chiropractors, declared he, have "no legal right to perform an operation upon the teeth of a patient or treat the eyes; no right to administer or prescribe medicines or drug. While x-ray may be included for diagnosis or analysis, it cannot be used in the treatment of disease or illness. Such appliances or agencies as the chiropractic tables, hammer, towels or other instrumentalities which are clearly sanitary do not violate the statute, but the use of various therapeutic agencies, such as electrotherapy, are embraced in the practice of medicine and, therefore, are forbidden to chiropractors."

In effect, Judge Van Nostrand told Lawyer McGranaghan that Chiropractor McGranaghan and his 3,374 California colleagues must stick strictly to manipulating spines. Pleased were all U. S. physicians and osteopaths.—From *Time,* October 12, 1936.

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**The eleventh annual one-day clinic of the Highland Park Physicians' Club** will be held on December 2, 1936, at the Nurses' Home of the Highland Park General Hospital.

Beginning at 8:30 A. M., the program will be: "The Pathology of Cancer of the Cervix Uteri," by James E. Davis, M.D., Professor of Pathology, Wayne University Medical School; "General Discussion of Vascular Lesions as seen in the Fundus of the Eye," by Arthur J. Bedell, M.D., F.A.C.S., formerly Head of the Department of Ophthalmology, Medical Department of Union University, Albany, N. Y.; "The Mineral and Vitamin Requirements of the Child," by Frederick F. Tisdall, M.D., F.R.C.P., Associate in Pediatrics, University of Toronto; "Clinical Observations on Grippe"—a study of more than 1,000 cases seen in private practice, by C. Anderson Aldrich, M.D., Associate in Pediatrics, Northwestern University Medical School; "Indications for Cesarean Section," by Louis J. Harris, M.A., M.D., Toronto, Canada; "The Treatment of Bladder Neck Obstruction by Means of Transurethral Resection," by Herman Kretschmer, M.D., Chicago, Illinois; "Acute Pancreatitis," by Dean D. Lewis, M.D., F.A.C.S., Professor of Surgery, Johns Hopkins University, Baltimore, Maryland; "The Thyroid Gland," by George Crile, M.D., F.A.C.S., Cleveland, Ohio; "Iodine as Related to Thyroid Disease," by George M. Curtis, M.D., Professor of Surgery, Ohio State University, Columbus, Ohio.

Luncheon will be given at the hospital through the courtesy of the management. In the evening at 7 o'clock there will be an informal banquet at the Book-Cadillac Hotel, following which Dr. George Crile will speak on his recent African Research Expedition, and the talk will be illustrated with moving pictures of his travels. The dinner at night and the ensuing program will be for all doctors, their wives and friends.

During the day the ladies and wives will enroll at 10 A. M. at the Nurses' Home of the Highland Park General Hospital. Arrangements have been made for their party to visit the Rotunda of the Ford Motor Co., lunch at Dearborn Inn, and the afternoon will be taken up with a trip through Greenfield Village.

All of the Detroit ladies who are planning to attend are asked to communicate their desire to Mrs. T. G. Amos, 1557 Edison Ave., Detroit, Michigan, before November 20, as Mrs. Amos is in charge of the ladies committee and would appreciate an early intimation from the ladies who contemplate spending the day here.

All doctors who can do so are urged to attend as the program is sufficient evidence of the substance of the papers.

# THE DOCTOR'S LIBRARY

***Acknowledgment of all books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review, as expedient.***

RECENT ADVANCES IN GENITO-URINARY SURGERY. By Hamilton Bailey, F.R.C.S. (Eng.), Surgeon, Royal Northern Hospital; Surgeon and Urologist, Essex County Council; Consulting Surgeon, Clacton Hospital; Contributor to the Genito-Urinary Surgery, Medical Annual, since 1933; and Norman M. Matheson, M.B., F.R.C.S., Surgeon, Central Middlesex County Hospital; with 89 illustrations. Philadelphia: P. Blakiston's Son & Co., Inc., 1012 Walnut Street, 1936.

In this work the authors have discussed the "recent advances" made in medical science as it touches the field of genito-urinary medicine. Much, of necessity, has been included that is not strictly new. The subject-matter has, however, been presented in a very readable manner. The subject of excretory urography is covered, giving its value, not only as a method of outlining the urinary organs, but its value as a measure of the function of the kidney is given. Acute infections of the kidney are discussed and the value of urinary antiseptics, especially such new ones as sodium mandelate, and the ketogenic diet, is given.

There is much of value in this, especially for the general practitioner, who does not see the current literature covering this subject.

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ARTHRITIS AND RHEUMATIC DISEASE. By Maurice F. Lautman, M.D., Consultant to the United States Public Health Service, Clinic, and Director of the Department for the Study of Arthritis, Levi Memorial Hospital, Hot Springs, Arkansas; with a foreword by Morris Fishbein, M.D., Editor of the Journal of the American Medical Association. New York and Whittlesly House, London: McGraw-Hill Book Company, Inc., 1936. Price, $2.00.

Dr. Lautman has given a clear non-technical account of arthritis which, in its varying degrees of severity, constitutes a goodly number of cases that demand the attention of the medical practitioner. While the book is written down to the intelligent layman, it will afford a couple of evenings interesting reading for the physician as well. The contents of approximately 180 pages discuss the disease in all its aspects, cause, symptoms, focal infection, the mental aspects, the treatment, rest, diet. Much emphasis is placed upon the importance of recognizing the pre-arthritic state when treatment is more or less effective. The author very wisely warns against self-medication. Medical treatment is a matter to be undertaken only by a physician. The chapter on diet deals with the subject in a general way, for lay reading. In the matter of weight reduction the instructions should be more specific. The illustrations, particularly of physical methods, are sufficiently descriptive. The few radiographs of bone pathology would be much improved with more care in technical production.

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PRINCIPALS AND PRACTICE OF RECREATIONAL THERAPY FOR THE MENTALLY ILL. By John Eisele Davis, B.A., M.A. Senior Physical Director, Veterans Administration Facility, Perry Point, Maryland; Fellow of The American Physical Education Association, in collaboration with Dr. William Rush Dunton, Jr., Editor of "Occupational Therapy and Rehabilitation," Instructor in Psychiatry, The Johns Hopkins University, formerly President of The American Occupational Therapy Association, New York. A. S. Barnes and Company, Incorporated, 1936.

The authors are endeavoring to present a theory and practice of recreational therapy practicable for the distinctive needs of the mentally ill. They believe that experience has shown that a recreational program will provoke responses of both active and passive character and that a therapeutic response may be attained in the psychotic patient.

They have attempted to correlate their experience and to give detailed information and methods of procedure so as to enable the therapist to organize and carry out a satisfactory routine.

There is much of value for those who are attempting to treat this type of patient.

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PEDIATRIC NURSING. By John Zahorsky, A.B., M.D., F.A.C.P., Professor of Pediatrics and Director of the Department of Pediatrics, St. Louis University School of Medicine; and Pediatrician-in-Chief to the St. Mary's group of hospitals; Fellow of the American Academy of Pediatrics. Assisted by Beryl E. Hamilton, R.N., Graduate of St. Luke's Hospital, St. Louis. With 144 illustrations in the text and 7 color plates. St. Louis: The C. V. Mosby Company, 1936.

In this work the various disease states as seen in the infant and child are taken up in order. Each condition is discussed from the point of view of the nurse; yet so much is given under each subject that one wonders if such a complete knowledge is not the compelling force that causes the nurse to attempt diagnosis and to suggest treatment in many cases, even though against this she is frequently cautioned in the text. In the second part of the work, practical phases of pediatric nursing are given such detailed description that nothing seems to have been omitted. Various methods of procedure are discussed and illustrated. The technic of the operation of the nursery, the milk laboratory, the infant ward and the contagious ward in the hospital are fully given. Nursing procedures as they must be conducted in the home are detailed. A special chapter on orthopedic nursing is included. The relation of the family to problem of nursing the sick child and child psychology are outlined. Much of pediatric treatment as it applies to the detail to be carried out by the mother or nurse is found in this work. To the physician whose practice is largely confined to the home care of patients, this work will be of great value.

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ALLERGY OF THE NOSE AND PARANASAL SINUSES, A MONOGRAPH ON THE SUBJECT AS RELATED TO OTOLARYNGOLOGY. By French K. Hansel, M.D., M.S., Assistant Professor of Clinical Otolaryngology, Washington University School of Medicine; Fellow of the Association for the Study of Allergy, the Association of Resident and Ex-resident Physicians of the Mayo Clinic, the American Laryngological, Rhinological and Otological Society, and the American Academy of Ophthalmology and Otolaryngology. With 58 text illustrations and 3 color plates. St. Louis: The C. V. Mosby Company, 1936.

This is an exhaustive monograph, written to acquaint the otolaryngologist with the clinical features of allergy as it pertains to his field and to point out the relation of other allergic manifestations. The subject is approached by first considering the physiology, bio-chemistry and bacteriology of the secretions of the nose and paranasal sinuses and the reaction of the cells lining these cavities to allergy and infection.

The author gives in detail the methods of testing and of selecting the materials with which to test for allergy, yet makes it clear that a careful and complete clinical history is of primary importance. This should develop any possible history of contact with allergens, as well as a history of familial allergic predispositions. The clinical manifestations of nasal allergy are discussed and their possible relation to other symptoms, such as headache, asthma, eczema, urticaria, erythema multiforme, angio-neurotic edema, etc., is considered. Especial attention is given to hay-fever. The subject of pollens from various sources is given consideration, not only

from the geographical point of view, but from the botanical as well. Many grasses and weeds are pictured to aid in their identification.

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THE HUMAN FOOT, ITS EVOLUTION, PHYSIOLOGY AND FUNCTIONAL DISORDERS. By Dudley J. Morton, Associate Professor of Anatomy, College of Physicians and Surgeons, Columbia University. 244 pages, 100 figures. Columbia University Press, 1935. $3.00.

This work is a welcome aid to an understanding of both the abnormal and normal foot. The author, who is an orthopedic surgeon, anthropologist and anatomist, devotes nearly a hundred pages to an enthralling story of the evolutionary changes in adaptation and structure of the foot. He shows convincingly that the foot must be regarded as a structure which has been changed, moulded and modified to meet the demands of both four-footed and bipedal locomotion. The human foot, both in its development of an effective mechanism for weight bearing and locomotion and in its weaknesses, is a resultant of evolutionary processes. The weaknesses of the foot, except for paralytic changes, center not on the musculature as commonly supposed, but on the skeletal framework. Most of the foot defects, such as metatarsalgia, so-called "flat feet," etc., are dependent on structural variations associated with the first metatarsal segment: short first metatarsal bone, posteriorly displaced sesamoid bones, hypermobility of the first metatarsal or various combinations of these factors. The author gives both anatomical and physiological evidence to emphasize the nonexistence of the "anterior metatarsal arch." There is one functional arch—the longitudinal arch—and the bulk of defects are due to the improper distribution of stresses in the anterior metatarsal element of the longitudinal arch causing imbalance, pronation and other gross defects. Morton emphasizes, however, that "the primary structural factors alone are not sufficient to produce symptomatic disorder; their influence must be supplemented by function as the exciting cause." He points out further that "functional foot disorders do not begin simultaneously with the onset of symptoms, disorder in the foot's mechanism has already existed for a long time, possibly since infancy, while subjective symptoms dignify the transition of a painless disorder into a painful one." For determining structural defects, the use of the x-ray is of the greatest importance.

Morton deals adequately with the diagnosis and treatment of foot defects. A section of the work is devoted to the functional analysis of mechanical stress affecting the foot in locomotion and stance. The work is a significant advance in our knowledge of both the abnormal and the normal foot.

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DISEASES OF THE AIR AND FOOD PASSAGES OF FOREIGN-BODY ORIGIN. By Chevalier Jackson, M.D., Sc.D., F.A.C.S., LL.D., Professor of Bronchoscopy and Esophagoscopy, Temple University, and Chevalier L. Jackson, A.B., M.D., M.Sc. (Mee.), F.A.C.S., Professor of Clinical Bronchoscopy and Esophagoscopy, Temple University. 994 pages with 2,000 illustrations, including 3 plates in colors. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, $12.50 net.

This is a most unique book. Chevalier Jackson's work has been well known for a long time. His skill in the use of the bronchoscope and the esophagoscope is unsurpassed. *Diseases of the Air and Food Passages of Foreign-Body Origin* is the result of many requests from members of the profession for a book embodying the great mass of clinical facts resulting from Chevalier Jackson's work and observations. He has produced a book in which everyone engaged in the practice of medicine will be interested. It is divided into two parts; the first deals with the etiology of foreign bodies in the air and food passages followed by a chapter on prophylaxis. Then we have a description of the pathology caused by foreign body irritation, methods of diagnosis, treatment, the mechanical problems involved in removing foreign bodies, and a chapter on prognosis. The second part of the work consists of 600 pages of tabulated information as well as photographs of various foreign bodies met with. The book is the most profusely illustrated book we have ever seen.

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PRINCIPLES OF BIOCHEMISTRY. By Albert P. Mathews, Andrew Carnegie Professor of Biochemistry, University of Cincinnati, Cincinnati, Ohio. Baltimore, William Wood & Company. 1936. Price, $4.50.

The science of biochemistry is one of the most basic to the science of medicine and surgery, if the term "basic" will admit of comparison. Biochemistry is the chemistry of living things. The author of this work has been teaching the subject to students of medicine for about forty years. He is well known for his textbook on physiological chemistry. The present book, however, is entirely new, somewhat different, and is intended for colleges in which the larger work is not suited, owing to its greater length. *Principles of Biochemistry* is five hundred pages in length; it deals in a clear and concise way with the essentials of the subject. It is largely descriptive in its treatment, and therefore will appeal to physicians who wish to brush up on any of the various subjects included in the general title of the work. In his book, the author has endeavored to correlate and to synthesize the numerous facts as a part of the great science which reveals the finer structure and coördinated chemistry of the human body. The work undoubtedly will be welcomed as a textbook on the subject. It is here recommended to the physician no matter what his specialty is, who desires to review this important subject.

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A TEXTBOOK OF PATHOLOGY. By W. G. MacCallum, Professor of Pathology and Bacteriology, The Johns Hopkins University, Baltimore. Sixth Edition, Entirely Reset. 1,277 pages with 697 illustrations. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, $10.00 net.

It is two decades since the first edition of this work appeared. It is, therefore, too well known to the medical profession to require a lengthy introduction. The fact that it has gone through six editions is evidence that the author has always kept it abreast with the progressive development of the science of pathology. The present revision deals fully with such subjects as endocrine disturbances, vitamin deficiencies and virus infections, fields in which great advances have been made during the past few years. The principle of treatment of the subject of pathology has been to begin with the cause of disease and to describe its effects throughout the human body rather than with each organ separately. The author assumes that, as he says, "all departures from normal health are brought about by some harmful or disturbing agency. The endeavor has been made to trace these changes back to their cause and then to describe not only the anatomical alterations, but the disturbances of function and the reaction which tends to restore the body to a normal state and even to establish a protection against a recurrence of the same injury." The relation between pathology and clinical medicine is very close, a fact which is emphasized by the author's treatment of his subject. The work is extensively illustrated. Its popularity will extend with this sixth edition.

# PROCEEDINGS OF HOUSE OF DELEGATES—1936

## TABLE OF CONTENTS

# MICHIGAN STATE MEDICAL SOCIETY

## SEVENTY-FIRST ANNUAL MEETING

### Proceedings of House of Delegates

**Book-Cadillac Hotel, Detroit, Michigan**

**September 21-22, 1936**

## Monday Morning Session

***September 21, 1936***

The opening session of the meeting of the House of Delegates of the Michigan State Medical Society, held in the Ballroom of the Book-Cadillac Hotel, Detroit, Michigan, convened at 9:30 o'clock, Dr. Frank Reeder, of Flint, Michigan, Speaker of the House, presiding.

THE SPEAKER: The time has arrived for the calling of this meeting. All those Delegates who have up to this time been approved will please come forward and take the front seats.

DR. A. G. SHEETS (Eaton): I wish to announce at this time that there is a quorum registered.

THE SECRETARY (Dr. C. T. Ekelund): Mr. Speaker, I hold in my hand the roll of the Credentials Committee, comprising fifty-nine accredited delegates, which constitutes a quorum. If some member of the House will move that this constitutes the roll of the House for the morning session, we shall proceed.

DR. L. O. GEIB (Wayne): I so move.

The motion was seconded, voted upon, and carried. Following is the roll of the House for the three sessions:

### I. RECORD OF ATTENDANCE

**(From Report of the Committee on Credentials)**

| | COUNTY | DELEGATE | Sessions 1st | 2nd | 3rd |
|---|---|---|---|---|---|
| 1. | Allegan | Dr. Wilbur C. Medill | x | x | x |
| 2. | Alpena-Alcona-Presque Isle | Dr. F. J. O'Donnell | x | – | – |
| 3. | Barry | Dr. R. B. Harkness | x | – | x |
| 4. | Bay | Dr. L. Fernald Foster | x | x | x |
| 5. | Berrien | Dr. R. Snowden | x | – | – |
| 6. | Branch | Dr. R. L. Wade | x | x | x |
| 7. | Calhoun | Dr. Harvey Hansen | x | x | x |
| | | Dr. A. T. Hafford | x | x | x |
| 8. | Cass | Dr. W. C. McCutcheon | x | x | x |
| 9. | Chippewa-Mackinac | Dr. J. G. Blain | x | x | x |
| 10. | Clinton | Dr. Dean W. Hart | x | x | x |
| 11. | Delta | (Not represented) | | | |
| 12. | Dickinson-Iron | Dr. E. M. Libby | – | x | x |
| 13. | Eaton | Dr. A. G. Sheets | x | x | x |
| 14. | Genesee | Dr. F. E. Reeder | x | x | x |
| | | Dr. George Curry | x | x | x |
| | | Dr. Donald Brasie | x | x | x |
| 15. | Gogebic | (Not represented) | | | |
| 16. | Grand Traverse-Leelanau-Benzie | Dr. E. F. Sladek | x | x | x |
| 17. | Gratiot-Isabella-Clare | Dr. M. G. Becker | x | x | x |
| 18. | Hillsdale | Dr. O. G. McFarland | x | – | – |
| 19. | Houghton-Baraga-Keweenaw | Dr. G. C. Stewart | – | – | x |
| 20. | Huron-Sanilac | Dr. D. D. McNaughton | – | x | x |
| 21. | Ingham | Dr. L. G. Christian | x | x | x |
| | | Dr. C. F. DeVries | x | x | x |
| | | Dr. H. V. Wiley | x | x | x |
| 22. | Ionia-Montcalm | Dr. F. H. Ferguson | x | x | x |
| 23. | Jackson | Dr. P. A. Riley | x | x | x |
| | | Dr. J. J. O'Meara | x | x | x |
| 24. | Kalamazoo-VanBuren | Dr. F. T. Andrews | x | x | x |
| | | Dr. R. G. Cook | x | x | x |
| | | Dr. Chas. TenHouten | – | x | x |
| 25. | Kent | Dr. Leon Sevey | x | x | x |
| | | Dr. W. R. Torgerson | x | x | x |
| | | Dr. A. V. Wenger | x | x | x |
| | | Dr. C. F. Snapp | x | x | x |
| | | Dr. J. D. Brook | x | – | – |
| 26. | Lapeer | Dr. D. J. O'Brien | x | x | x |
| 27. | Lenawee | Dr. A. W. Chase | – | – | x |
| 28. | Livingston | Dr. H. G. Huntington | x | x | x |
| 29. | Luce | (Not represented) | | | |
| 30. | Macomb | Dr. A. B. Bower | – | x | x |
| 31. | Manistee | Dr. K. M. Bryan | x | x | x |
| 32. | Marquette-Alger | Dr. V. Vandeventer | x | x | x |
| 33. | Mason | (Not represented) | | | |
| 34. | Mecosta-Osceola | Dr. G. H. Yeo | x | x | x |
| 35. | Menominee | Dr. S. C. Mason | x | x | x |
| 36. | Midland | Dr. R. E. Rice | – | – | x |
| 37. | Monroe | Dr. Dean Denman | – | – | x |
| 38. | Muskegon | Dr. R. H. Holmes | x | x | x |
| 39. | Newaygo | Dr. O. D. Stryker | x | x | x |
| 40. | Northern Michigan | (Not represented) | | | |
| 41. | Oakland | Dr. Otto Beck | x | x | x |
| | | Dr. Ernest Bauer | x | x | x |
| 42. | Oceana | Dr. W. Lemke | x | – | x |
| 43. | O.M.C.O.R.O. | Dr. C. R. Keyport | x | x | x |
| 44. | Ontonagon | (Not represented) | | | |
| 45. | Ottawa | Dr. E. A. Stickley | x | x | x |
| 46. | Saginaw | Dr. Ralph Jiroch | x | x | x |
| | | Dr. C. E. Toshach | x | – | – |
| 47. | St. Clair | Dr. A. L. Callery | x | x | x |
| 48. | St. Joseph | Dr. R. A. Springer | x | x | x |
| 49. | Schoolcraft | (Not represented) | | | |
| 50. | Shiawassee | Dr. I. W. Greene | x | x | x |
| 51. | Tuscola | Dr. O. G. Johnson | – | – | x |
| 52. | Washtenaw | Dr. John Sundwall | x | x | x |
| | | Dr. Dean Myers | x | x | x |
| | | Dr. John Wessinger | x | x | x |
| 53. | Wayne | Dr. W. D. Barrett | x | – | x |
| | | Dr. F. B. Burke | x | x | – |
| | | Dr. W. J. Cassidy | x | x | x |
| | | Dr. A. E. Catherwood | x | x | x |
| | | Dr. J. L. Chester | x | x | x |
| | | Dr. W. R. Clinton | x | x | – |
| | | Dr. B. L. Connolly | x | x | x |
| | | Dr. Douglas Donald | x | x | x |
| | | Dr. C. E. Dutchess | x | x | x |
| | | Dr. L. O. Geib | x | x | x |
| | | Dr. T. K. Gruber | x | x | x |
| | | Dr. C. K. Hasley | x | x | x |
| | | Dr. L. T. Henderson | x | x | x |
| | | Dr. L. J. Hirschman | x | x | x |
| | | Dr. S. W. Insley | x | x | x |
| | | Dr. R. C. Jamieson | x | x | x |
| | | Dr. C. R. Kennedy | x | x | x |
| | | Dr. P. L. Ledwidge | x | x | x |
| | | Dr. H. A. Luce | x | x | x |
| | | Dr. R. H. Pino | x | x | x |
| | | Dr. H. W. Plaggemeyer | x | x | x |
| | | Dr. W. S. Reveno | x | x | x |
| | | Dr. J. M. Robb | x | x | – |
| | | Dr. E. D. Spalding | x | x | x |
| | | Dr. W. J. Stapleton, Jr. | x | x | x |
| | | Dr. C. E. Umphrey | x | – | x |
| | | Dr. H. W. Yates | x | x | x |
| | | Dr. A. P. Biddle | x | x | x |
| 54. | Wexford | Dr. W. Joe Smith | x | – | x |

THE SPEAKER: Over sixty have been properly approved. I therefore declare this meeting to be in session. We shall proceed by way of a few preliminary announcements. First it is necessary to have a Sergeant-at-Arms, and I very gladly honor and ask Dr. James J. O'Meara to serve as Sergeant-at-Arms. (Applause)

Then I desire, at this time, to make known to the assembly the Committee who will serve as censors for the release of news to the press. That Committee will consist of the President, the Chairman of the Council, the Secretary, and the Speaker.

### II. APPOINTMENT OF REFERENCE COMMITTEES

As you know, the Reference Committees are rather large because there is a voluminous amount of work to be done, and at this time I would like

the Chairmen of the various Reference Committees to come before the Speakers' stand as I call their names: Dr. George Curry, Dr. Stanley W. Insley, Dr. Roy H. Holmes, Dr. L. G. Christian, Dr. W. R. Torgerson, Dr. L. F. Foster.

Gentlemen, I have asked you to come forward so that the various committeemen may be able to recognize you. These committees have become so large that up until the time you are ready to go into session they do not know their respective Chairmen.

The Vice Speaker, Dr. Philip A. Riley, of Jackson, took the Chair.

VICE SPEAKER RILEY: The next order of business will be the Speaker's address, by Dr. Reeder, of Flint.

## III. SPEAKER'S ADDRESS

In this brief message I desire to speak to you as delegate to delegate. May I say in the beginning, as your representative on the Council, that if effort, energy and loss of time in the line of duty at a sacrifice, means criticism of the Executive Committee of the Council during the past year, then that criticism can only be words of praise. Surely the members of the Council, with slight exception, so far as I know, have done all in their power to aid the officers of the State Society and to meet the demands of the House of Delegates. All through the year they have worked under the able leadership of Dr. Henry Cook, who at all times asked advice and assistance from many of you who sit in this assembly today.

Now if I were able to preach to you and attempt, as preachers say, "To save your souls in five minutes," I would select as my Bible the Constitution and By-Laws of the Michigan State Medical Soceity and would select for my text from the Constitution a part of Article 2, Section 1, which reads:

"The purposes of this Society are to promote the science and art of medicine, the protection of public health and the betterment of the medical profession."

This text is further substantiated and clarified in its relation to the House of Delegates when, in the By-Laws, Section 7 (b) and (c), it reads as follows:

"The House of Delegates shall concern itself and advise as to the interests of the profession and of the public in those matters of legislation pertaining to medical education, medical registration, medical laws and public health, and it shall be active in the education of the public in regard to medical research and scientific medicine."

These are the duties of this legislative body and how may it become more efficient? What are and when are the duties of the individual delegate finished?

President Penberthy has appealed to the County Societies to choose officers who will work and create enthusiasm among their members toward the need and value of organized medicine, and not men because of age, popularity or good-fellowship.

It is the opinion of the Speaker that the same holds true in the selection of delegates, that they be gradually educated into the requirements of their duties as stated in the text, that they be chosen for periods of one, two and three years, that every County Society elect its delegates within thirty or sixty days following the annual meeting in order that they may know they are assuming a responsibility and will interest themselves in reading the JOURNAL and familiarize themselves throughout the year with the proceedings of the Council and the Standing Committees, and come to these several sessions better prepared to serve in the various capacities.

The Speaker also believes that a more direct contact between the Council and the parent Association in sending the Chairman of the Council to the A. M. A. meeting annually, would bring valuable aid to the Council, hence to the County Societies through the Councilors. I am hoping for some legislation along this line in the near future.

Again, I believe you all agree that the greatest advancement in our history is the founding of Post-Graduate Medical Education. It has done more toward harmony among and appreciation of our profession than any methods heretofore advanced, and I feel this assembly should stand back of it and further it more and more, even though we have today the best program of Post-Graduate Medical Education of any state in the Union. Would it not be advisable in our medical schools to teach the student the value of organized medicine, also drive it home in our post-graduate courses?

Again, I feel that our legislation should at no time be antagonistic to our State or Federal Government, but, as we become dissatisfied because of lack of lay knowledge of our science, we should make every effort to aid our Government both to the satisfaction of the public and ourselves. When Government learns to understand us, the more will it listen to our appeals and the more it will know that never can that age old truth of personal and confidential relationship of patient to physician be taken away.

We feel that we have a good organization. We have, but we are far from reaching our ideal. There remain too many without the fold, either because as young men they were not fostered properly, or, in later years, were allowed to fall by the wayside. I am sure the time must come when in order to provide better doctors to promote medical science and better protect public health and gain more deeply the confidence of our Government and the public, we must have some form of integration, just as it has taken the legal profession years to discover its need.

So much to you as an assembly. What about you as an individual delegate? When is your duty done? Surely not at the close of these sessions as it has been in the past. Were you to be chosen soon after the annual meeting you could and should be of most valuable service throughout the year to the officers of the County Societies, in imparting your knowledge of the activities of the State Society to the members in general, to the State and National Congressmen, to educational groups, to Hospital groups, and so on. There is no limit to the value of your usefulness as a delegate.

In conclusion, I would have you remember that your work is not just for today but that you should be constantly building for the future of our great profession. This thought is beautifully stated in this brief verse:

A BUILDER

An old man traveling a lone highway
Came at the evening cold and gray
To a chasm deep and wide.
The old man crossed in the twilight dim.
For the sullen stream had no fears for him;
But he turned when he reached the other side
And builded a bridge to span the tide.
"Old Man," cried a fellow pilgrim near,
"You are wasting your strength with building here;
Your journey will end with the closing day
And you never again will pass this way.
You have crossed the chasm deep and wide,
Why build you a bridge at eventide?"
And the builder raised his old, gray head,
"Good friend, in the path I have come," he said,
"There followeth after me today
A youth whose feet must pass this way.
This stream, which has been as naught to me
To that fair-headed boy may a pitfall be;
He, too, must cross in the twilight dim—
Good friend, I am building this bridge for him."

My closing thought with you, as the nucleus of our great society, is that you return to your County Society with a message of justice to your State Society, to your profession, to your Government, to the public and then in all sincerity, believing that organized medicine stands for all things that are good for mankind, we can say in the words of Andrew Jackson: "We stand upon the immutable principles of justice and no earthly power can drive us from our position."

*(Applause)*

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VICE SPEAKER RILEY: Thank you, Mr. Speaker. We will refer the Speaker's address to the Committee on Officers' Reports. (See page 751 for report of Reference Committee.)

Dr. Reeder resumed the Chair.

THE SPEAKER: It becomes my pleasure at this time to present one who has given of his best during the past year. I feel that he has more than made good, because all of us who are so thoroughly acquainted with him know that everything he does is right from the heart and perfectly conscientious, and at this time I am pleased to present to you your President, Dr. Grover C. Penberthy.

Those in attendance arose and applauded.

## IV. PRESIDENT'S ADDRESS

Mr. Speaker, Officers of the State Society and Members of the House of Delegates:

It is with a feeling of great satisfaction that I am privileged to appear before you on this occasion, the 71st Annual Meeting of the Michigan State Medical Society. You honored me two years ago by making me president-elect and last year upon becoming president I expressed myself as follows: "I am conscious of the honor you have bestowed upon me and all the friendship and confidence demonstrated, but at the same time I am more deeply conscious of the responsibilities which the office entails, and it is my hope that throughout the coming year I shall receive your steadfast loyalty, coöperation and guidance." All that I had hoped for has been realized in more than full measure, for which I feel deeply indebted to you all.

It has been a privilege and a pleasure to have had the opportunity of working with a thinking, constructive group of representative medical men, who realize their collective responsibility, and have played a part in these rapidly changing times, helping to adjust problems which confront us in the practice of medicine. The continuance of the highest standard of medical care for all classes has been foremost in the minds of all. Constructive work has been done and a foundation has been laid by this house of delegates, the officers of the society and the committees. All have given freely of their time and thought, to support and maintain the traditions of the past, and meet the growing needs and the challenge that has been thrust at organized medicine the past years. The medical man must continue to be a leader because of the changed social "set-up" and the advancements made in medical science. To quote Dr. R. R. Smith in his retiring presidential address last year, "We are essentially a scientific body of professional men—and as a group of scientific men we will contribute in every way we can to the elevation of the standards of the practice and will respect the efforts that are being made by the public and our teaching institutions to do the same thing."

The specialization in medical practice may have contributed to the lack of interest on the part of some to assume leadership and responsibility. This may tend to narrow one's interest and make it difficult to assume leadership in matters that concern the health and welfare of the community. The economic problems which have grown up about us have affected the general public and the profession at large. This requires the profession to have some political interest and activity. It is our responsibility first to aid representatives of government and society to effect an equitable distribution in the cost of illness and a more equitable remuneration to the physician for his services, and secondly to prevent political activity that may develop or encroach upon medical control in the care of the sick.

At the last meeting of this house of delegates you approved of a committee to be known as the Contact Committee to Governmental Agencies. This committee under the chairmanship of Dr. Henry Cook was cordially received and has functioned, as we hope, for the best interest of the profession. The committee received valuable assistance and coöperation from the Probate Judges Association. It may be said that it was the first time a representative group of the profession was asked to meet with representatives of the state administration. No doubt, the activities of our legislative committee laid the foundation and emphasized the need for such a committee.

The activities and work of the many committees which include some 103 members of the State Society, who have worked diligently the past year, will be printed in the JOURNAL or reported to this body.

The Public Relations Committee, a committee you approved of a year ago, has been active in organization work and putting into effect a "filter system." The chairman, Dr. L. F. Foster, and his committee, have done a constructive work, which is history-making and should receive unlimited support from the County Unit Committees.

The Legislative Committee under Dr. Howard Cummings as chairman has carried on a program and developed a basic science law to be presented at the next legislature, which offers to the public, if passed, security and protection from those who will qualify to practice the healing arts. One not acquainted with the work of this committee will never appreciate or realize the time spent and the thought given by the members to formulate this bill, which appears to be complete and shows sound thinking for the protection of the public.

The Public Health Committee with Dr. L. O. Geib as chairman has always engaged in a constructive program; whereas last year they emphasized the care of the tuberculous patient, this year they have concentrated on the problem of medical relief.

The chairman of this committee, Dr. L O. Geib, has met with other members of the State Society to work in coöperation with the Michigan Department of Health, represented by Doctor Lillian Smith, who has outlined the program for child welfare under the provisions of the Social Securities Act. At the first meeting the program was discussed and at a later date was referred to the Executive Committee of the Council. Those assembled at the first meeting represented the Medical, Dental and Nursing Groups, Crippled Children's Commission, Welfare, Home Economics, Public Instruction and interested lay groups. This group comprises a general advisory committee and will continue to function and guide those directing the Social Security Maternal and Child Health Program. This activity should in no way interfere with the doctor and should in reality aid the doctor in the rural communities, where it is intended that this work should be concentrated. Judging from the report of this work to date almost

100 per cent coöperation has been given by the profession.

The Economics Committee under the chairmanship of Dr. Ralph Pino, and the Subcommittee under Dr. Stanley Insley, have worked on some of the proposed plans and recommendations made by the Economics Committee a year ago. The work of medical relief is one of our big problems and this committee, with the information at hand, will, no doubt, play an active part in assisting the Governor's Committee; which was appointed to make a survey of relief problems and make recommendations for new legislation. This new legislation will in all probability include the recodification of laws affecting the care of afflicted and crippled children and those on relief.

The many activities above mentioned emphasize the continued need for an executive secretary. The reported record shows the part played by our very efficient executive secretary, William J. Burns. He has been a stimulus to officers and committee men, to meet and "carry through" their part of the program. He has contributed much in the interest of organized medicine, and with his knowledge, tact and enthusiasm will continue to contribute, for which I wish to express my personal appreciation. I also wish to thank Dr. C. T. Ekelund for his valuable counsel and interest in the affairs of the society, all of which has helped lessen the burden of responsibility placed upon the officers.

THE JOURNAL, edited by our much revered Dr. J. H. Dempster, should receive the wholehearted support of all members of the society, and all who can should contribute to this publication. We are proud of it, because the editor aims to maintain the highest standard and quality of articles published, and gives thought to the editorials, the historical and other attractive educational features. The question is sometimes asked, "What do we receive from the State Society for the dues paid?" The educational feature of THE JOURNAL, published monthly, should not be overlooked as one of the contributions made by the State Society.

The postgraduate program is an activity of the State Society which has attracted attention and is being copied by other state organizations. This activity has a far-reaching effect and is receiving support from the State Society and the University of Michigan, and from now on will receive support and coöperation from the Medical School of Wayne University. Judging from the attendance the past year, at the various meetings held throughout the State, more physicians are taking advantage of this educational opportunity.

The Cancer Committee, with Dr. O. A. Brines as chairman, has continued to do a constructive work in bringing their program to the public in an educational manner. This outstanding contribution by the profession should be given every support and encouragement.

The Standing Committees have all functioned in a constructive manner, and the newly created committees have outlined programs for the future. It may take time to realize the benefits from their planning and their efforts, but this work is a part of the general program and the committees should be given encouragement to "carry on."

The innovation of having a "State Night" during the year inaugurated by the Jackson County Society under President C. R. Dengler, and followed by Muskegon, Genesee, Washtenaw, Calhoun and Oakland Counties, is commendable, and represents an activity long desired to bring the county units and the State Society closer together. The State Society benefited by this type of meeting. The officers of the society hope that the membership in the county units were as much stimulated by the interest and enthusiasm manifested as were the officers who attended. Let this type of meeting continue to be a part of the program each year. Perhaps in the future it may be possible for several of the smaller county units to hold joint meetings with the State Society. This type of "get-together" is constructive.

The activities of the Council have been many. The chairman, Dr. Henry Cook, has given unselfishly of his time to this work, no doubt, at a sacrifice of time from his practice. To him I wish to express my deep appreciation for his untiring interest in the affairs of the society and the profession.

This body is assembled to review the work of the year and to outline a program for the future. Because of the support and coöperation given the officers over the past year, I am confident that your deliberations will be for the best interests of the people of Michigan and the medical profession. The State Society has made every effort to fit into the scheme of activities and lend assistance to the allied and other interested groups, in order that we may learn of their problems and in turn they know ours. May even a closer relationship with the various social and welfare agencies be established and function for the best interest of all. Again, I wish to express my thanks and sincere appreciation to all who have contributed to the program of the past year and extend to Doctor Perry and the other incoming officers my best wishes for a successful year and the whole-hearted support and coöperation by the membership of the Society.

(*Applause.*)

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THE SPEAKER: The President's address will be referred to the Reference Committee on Officers' Reports. (See page 751 for report of Reference Committee.)

You have heard from one who has just about finished his course. You are now to hear from one who will guide you in the coming year. I am very happy to present Dr. Henry E. Perry, President-Elect.

Those in attendance arose and applauded.

## V. PRESIDENT-ELECT'S ADDRESS

Mr. Speaker, Officers of the State Society, and Members of the House of Delegates:

For the past year I have had the honor of being your president-elect, and in a few days I shall have the greater honor of being your president. This boon from the medical profession I appreciate more than words can tell. During the past twelve months I have attempted to familiarize myself with the duties which go with the presidency. I find there is a tremendous amount of work and responsibility associated with this office. I intend to give it a great deal of my time during the months to come. Each and all of my efforts will be for the furtherance of the interests of the medical profession.

It is my aim and desire to appoint to all standing and special committees, with the advice of the council, members who are vitally interested and who are willing to labor for organized medicine. I hope and believe that the chairmen of all my committees will be active hard-working leaders, as all of the Society's increasingly important business first passes through their hands before it reaches the Council.

The House of Delegates, our governing body, has a great responsibility and a lot of work to do in all too short a time with only one meeting a year. Despite this limitation, it is doing a splendid job.

The year 1937 will be a legislative year in Michi-

gan. I realize the vast amount of work which will be the lot of our Legislative Committee. Therefore I am going to appoint to that Committee men who have had experience in legislative work, who know how and where to make contacts which will bring good results to our Society and men who can be assembled quickly in order to deal with emergencies if and when they arise.

The Public Relations Committee has turned out to be a very busy unit and I feel its personnel should be well scattered over the state. With the work of integration, trouble is liable to spring up at any time or place, and with each committee member covering several counties, the chairman of the Public Relations Committee can refer any "breakdown" to the member closest to it and get immediate action.

We physicians must remember first, last and always that we are a body of scientific professional men and women; however, we cannot close our eyes to economics as we and our families must live. No one, not even a philosopher, can do his best work when hungry, and in medicine we are required by an exacting public *always* to be at our best.

Our hundreds of members throughout the state are looking to the Michigan State Medical Society for help in connection with the social aspects of medical practice, as the depression is still with us in certain localities of the state. We shall turn to the Economics Committee, with a confidence that their program of the next twelve months will bring material benefit to the profession of Michigan as a whole as well as to the individual practitioner. I am going to appoint to the Committee on Medical Economics men who know economics and are willing to sacrifice days, even weeks, of their time for the benefit of us all.

We are constantly hearing rumors of socialized or state medicine. We physicians know that such a program would not be good for the public or for the medical profession. Among other things, it would destroy competition which is not alone the life of trade but of medical service as well. I feel that every physician in the state should be and is willing to give a certain percentage of his services to the worthy poor, without thought of recompense. I think we are all willing to take a little loss as we journey along, to insure that everyone in our state receives adequate and good medical service. To the borderline group, we can offer a postpayment plan to aid these people to maintain their own self respect and morale. Thus we will take care of 40 per cent of medical service, as 20 per cent is composed of indigents and another 20 per cent are borderline cases, economically speaking. The remaining 60 per cent are said to be able to pay for services received. In other words, if everyone in our state receives good medical service, and if our state organizations keep alert to the day-dreamers and wishful thinkers, we will never have state medicine.

The officers of the Michigan State Medical Society during the past twelve months have worked hard and efficiently. Dr. Grover C. Penberthy has been a very active president, stimulating the county societies and the committees of the State Society to greater efforts. Dr. C. T. Ekelund has given much time and thought to the office of medical secretary. Mr. Wm. J. Burns, as executive secretary, has brought new life to our state society and to many of the county societies. The purpose of a medical society is to benefit its members, and this year the men throughout the state know that the Michigan State Medical Society is doing just that thing for them.

Dr. L. Fernald Foster, chairman of the Public Relations Committee, has visited practically all counties in the state to instruct and stimulate the handling of the Filter System, which has saved to the local communities the medical and surgical work required by our afflicted children.

I fully realize the responsibilities which will rest on me during the coming year and respectfully ask your coöperation and advice during that period. *(Applause)*

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THE SPEAKER: The President-Elect's address will be referred to the Reference Committee on Officers' Reports. (See page 751 for report of Reference Committee.)

Some time ago it was decided by the Executive Committee of the Council and the Officers of the Society to have a guest speaker at this session this morning. So today I am very happy to introduce to you the gentleman who has always been interested in the welfare of the medical profession, Honorable Frank L. McAvinchey, Judge of the Probate Court of Genesee County and Chairman of the Legislative Committee of the Michigan Association of Probate Judges. Judge McAvinchey!

## ADDRESS OF HONORABLE FRANK L. McAVINCHEY

(To be published as a special article in THE JOURNAL)

THE SPEAKER: We shall now proceed with the regular order of business, and the first item is the Annual Report of the Council, by Dr. Henry Cook.

## VI. ANNUAL REPORT OF THE COUNCIL

DR. HENRY COOK (Genesee): Mr. Speaker, I would like at this time to take the opportunity of thanking the President of the Society for his kind words in my behalf. I almost thought he was going to nominate me for some office when he made his remarks about the Chairman of the Council, and so informed him.

And I would also like to take the opportunity of thanking the members of his Committees for their work and their coöperation with the Council this year. These remarks are not a part of the Council report; they are personal.

I would like to state that in my opinion there is a change taking place in the attitudes and the activities of the State Society which is fostered more or less by a group who have certain definite ideas as to what the interests of the profession and of the public demand. It is well in an organization that we have members in it who do take sufficient interest in these matters to give them their attention. We sometimes feel—we who are older in the work—that this aggressive group have a motive, or would bring about a condition sometimes which would not be to the interests of the profession. However, it seems to me, that some of us must realize that this group is interested in the same problems as we are, and the only discussion or controversy about it is the method used to gain that end.

Another thing that I am impressed with is this, and I think if we will keep it in mind it gives us assurance, that when this group is given responsibility, the tendency is to become conservative rather than too liberal, and we who have been active can feel sure, and reassured, that the future of the profession and the organization of the State Society is secure, because then they are as equally and as honestly interested as are those who have gone on before. Personally I have the confidence that the future of our Society is assured because of that intense interest and honest intention of all who are working in behalf of the Society.

I don't know whether that has a part in the Council's report, but I did like to put it in because that is an impression which I have gained, and I hope we can all view it in that way.

I now go to the report of the Council.

## Report of the Council

The regular Mid-winter meeting of The Council was held in Detroit on January 15-16, 1936. In addition, twelve meetings of the Executive Committee of The Council were held since the last Annual Meeting of the Michigan State Medical Society.

Various items of the growing business of the State Society and its 27 committees were considered at these meetings, and many important decisions had to be made during this year. The Executive Committee of six members has endeavored to keep in mind the attitudes and opinions of all groups in the profession and to make decisions in accordance with their desires. The Executive Committee has made every effort to keep other members of The Council, the officers and the membership fully informed concerning problems as they have arisen and with decisions made, using correspondence, minutes and THE JOURNAL.

Effort has been made also to integrate in the State Society confidential news releases to familiarize members of the component county societies with the activities of the State Society and thereby develop better coöperation and a more effective, stronger organization.

### Membership

On January 1, 1936, members in good standing totaled 3,650, a gain of 257 members over the previous year. As of September 20, 1936, the paid-up membership is exactly 3,625, an increase of 127 as of the same date in 1935.

### Finances

The official audit at the close of the year 1935 showed a Present Worth of $15,567.11. This represents a most satisfactory increase over the Present Worth of the previous year which was $12,207.91. The Society's cash on hand as of September 15, 1936, was $16,534.10; last year on the same date it was $10,932.06. The bonds of the Michigan State Medical Society are in favorable position and have done very well, especially when one considers the sad personal experiences of many individuals who were in the bond market during the past six or seven years. The Officers of the State Society who in the past selected these bonds are to be congratulated and thanked.

### The Journal

The Council feels that the membership has more reason to feel proud of THE JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY now than it ever had. It has been augmented and beautified during the past year, and will be further enhanced as the revenue from advertising increases. We thank our members who have patronized our friends who advertise. The more patronage, the more advertisers, and the more advertising copy, the larger can be THE JOURNAL. It is our aim to keep the membership informed concerning every activity of the State Society through the pages of THE JOURNAL.

### Post-Graduate Activities

The Advisory Committee on Post-graduate Education has been enlarged from nine to eleven members and has continued its pioneer work. We believe the post-graduate program in Michigan leads the country for thoroughness, progressiveness, and medical coöperation. A new center—the Jackson-Lansing Center—has been developed this year, making a total of seven. Certificates of attendance, as recommended by the House of Delegates last year, have been adopted by your Advisory Committee on Post-graduate Education. We call attention to the fact that this is still a special committee despite action taken by the House of Delegates last year. A change in the By-laws was indicated as your desire, but no formal amendment to the By-laws was presented or adopted.

### Legislative

We are approaching a legislative year in Michigan. Your Legislative Committee has developed a Basic Science Bill which has been reviewed by The Executive Committee of The Council. If your House of Delegates approves this proposal, it means that herculean work must be done by the State Society's Legislative Committee and by each County Society Committee—in fact, by every member of the Michigan State Medical Society. The Basic Science Bill is the most important piece of legislation ever presented to us. In the best interests of public health in this state, it must be made into law. We have the numbers—5,500 physicians and their thousands upon thousands of friends and patients. We must work to win in 1937.

The Governor's Commission on Welfare and Relief, composed of 19 members, with one representative, Dr. Insley, from the Michigan State Medical Society, is studying the possible recodification of the state poor laws. In this connection, the phase of relief medicine is being handled by the Subcommittee on Relief Medicine, part of the Committee on Medical Economics. It has unearthed many valuable data. Its studies have given the State Society figures and statistics upon which to base requests to government.

### Social Security

Social Security funds are coming to Michigan every month. The medical profession has a special interest in three phases of Social Security activity: (a) The maternal and child-health program, being handled in Michigan by the State Health Department; (b) The Public Health phase, being handled by the State Health Department, in which the County Health unit is being encouraged and aided; (c) The Crippled Child, being handled by the Michigan Crippled Children Commission. We note with pleasure that on the work done so far by the State Health Department under the Social Security Act, no treatment has been instituted; all the work is in health education. The maternal and child health program was developed coöperatively between the State Health Department and the Michigan State Medical Society, and after the agreement of approved principles, it was recommended to all county medical societies. Parenthetically, we believe we have established the beginnings of mutual confidence and a future era of coöperation, by this joint activity. This is a good beginning. If the medical profession and those who are engaged in public health education and administration will constantly bear in mind the aims and ultimate objectives of public health educational programs, there will inevitably develop a spirit of coöperation and assistance. We must make our skill, service and art even more available, for the benefit of the people. We should look forward to a time when the parent will expect the family physician to keep his family in a state of good health and when the physician himself will be ever conscious of his responsibility to his patient in making available the latest advantages of such health service.

Regarding County Health Units, nine rules for the administration of such units as adopted by the House of Delegates were disseminated to component county societies, and the principle of the County Health unit was encouraged.

"Refresher courses" for physicians having patients in the rural areas of the State were recommended to the State Health Commissioner who arranged the first of these lecture courses for Traverse City, Petoskey, Alpena and Grayling, beginning September 28, 1936, and continuing for six weeks.

In this connection I would like to call your attention to the fact that Dr. A. M. Campbell, of Grand Rapids, is giving up six weeks of his own time without pay to carry on this work. Surely that is an inspiration and an example to us of what men will do and how much of their own time they will sacrifice in the interest of putting across a program of this kind.

A tuberculosis control service in the State Department of Health as a coöperative service with allied agencies was recommended to the State Health Commissioner, and this matter is to be brought up for consideration before the Advisory Council of the State Department of Health at its next meeting.

A medical coördinator to visit the different counties and demonstrate the technic of preventive tests to physicians was also recommended to the State Department of Health, as well as to the State Welfare Commissioner.

### Crippled-Afflicted Child

The problem of medical care for the crippled-afflicted child, under the two state laws, was referred to us by the House of Delegates last year. To indicate the difficulties encountered and the great effort necessarily expended to successfully solve this problem, we shall merely refer you to the chronological activities in connection with the matter: Chronological History of Afflicted-Crippled Child Problem.

*September 24, 1935.* The House of Delegates, M.S.M.S., authorized the appointment of a committee to contact state officials and present demands for an adequate fee schedule "and that it be empowered to institute such court proceedings as may be necessary to clarify the intent of the present laws governing the activities of the Michigan Crippled Children Commission."

*October 18, 1935.* State officials present invitation, for the first time, to the Michigan State Medical Society to help solve the afflicted-crippled child problem.

*October 30, 1935.* The Filter System is created.

*November 13, 1935.* Integration program of the Public Relations Committee approved and put into operation in the 83 counties.

That one little sentence doesn't by any manner of means tell you the work that was done. I would like to know of a county that Dr. Foster or some member of his committee has not been into in integrating this. I think Dr. Foster personally has been in over seventy-four of the eighty-three counties in Michigan working on this problem. You realize what a cost it must have been to him and what a sacrifice he has made in that connection. (Applause)

*December 11, 1935.* (a) Special meeting of Executive Committee of The Council with the Crippled Children Commission to give medical viewpoint re Schedules A, B, C, D.

(b) Survey of costs of afflicted-crippled child begun by Medical Economics Committee of the Michigan State Medical Society.

(c) The viewpoint of the orthopedists and the radiologists expressed through organized medicine —the Michigan State Medical Society—resulting in a united front with all groups working harmoniously in the interests of crippled and afflicted children.

I think out of that work that both the radiologists and the orthopedists feel today much more loyal and that they have a responsible and a better friend in the Michigan State Medical Society as a state organization than they ever had before.

*January 15, 1936.* The Council of the M.S.M.S. officially requests the Crippled Children Commission to reinstate schedules, at once.

*March 9, 1936.* The Crippled Children Commission establishes Schedules A, B, C, and D to take effect April 1, 1936.

*March 10, 1936.* The State Administrative Board approves Schedules A, B, C and D.

*March 11, 1936.* The Governor vetoes these actions.

*March 25, 1936.* The Michigan State Medical Society Committee contacts the Governor in Lansing.

*March 27, 1936.* At the request of the Governor, the Michigan State Medical Society Subcommittee on Relief Medicine estimates that medical fees for April, May, June, 1936, will not be in excess of $150,000.

*April 22, 1936.* The Executive Committee of The Council officially recognizes the radiologists' complaint that hospitals and laymen are attempting to fix their fees, and it so informed the Crippled Children Commission, and objected to same.

*June 3, 1936.* The Michigan State Medical Society Committee again contacts the Governor in Lansing.

*June 4, 1936.* The Governor issues his Executive Order making the Filter System official, and prescribing an affidavit as part of the commitment papers.

*July 1, 1936.* Conference with the Governor at which he stated he would recommend to the State Administrative Board that Schedules A, B, C and D be reinstated as of July 1, 1936, and that physicians' fees be paid in an amount not to exceed $50,000 per month until the next meeting of the Legislature.

*July 20, 1936.* The Michigan State Medical Society Committee meets with the Finance Committee of the State Administrative Board, in Lansing.

*July 21, 1936.* Schedules A, B, C, and D are reinstated by the Governor, the State Administrative Board, and the Michigan Crippled Children Commission, on the basis of the Governor's recommendation.

The results desired by the House of Delegates were realized without legal action. The finesse of the above activities, on the other hand, made many strong friends for the Michigan State Medical Society and the medical practitioners of this state.

I would like to say in that connection that I believe that the profession has built up a background with the governmental agencies so that we can go in and talk these matters over in many places where we would not have been able to do it with the same spirit of good-will and confidence that would have obtained a few years ago.

The liaison with the Michigan Crippled Children Commission, the Governor, and other state officials, as well as coördinating work between the State Society, the orthopedists, and the radiologists, was progressive and healthful activity. A strong foundation has been built, for future progress. Every meeting of the Crippled Children Commission was attended by a representative of the Michigan State Medical Society by invitation; a special meeting of the Executive Committee of The Council, Michigan State Medical Society, and the Crippled Children was held on December 11, 1935.

I wish I could have taken some of you men into that meeting, where a spade was called a spade on all sides, and there was no question of understanding where each member of the profession and of the Commission stood. I think out of that frankness that much good was accomplished.

The integration plan of the Michigan State Medical Society is one of the results of the afflicted child problem. The Filter System was the first project to be integrated in every one of the 83 counties. While this threw a great increase of responsibility on the physician, and much extra work on the Councilors, members of the PRC, and on the Executive Office of your State Society, and on the key men in the various county medical societies, it resulted in so much good to the people and to the profession that the effort was well worth while.

### Public Health Education

The Joint Committee on Public Health Education originally initiated by the Michigan State Medical Society is a state-wide committee of all groups and agencies interested in public health education. The Michigan State Medical Society is represented on this Joint Committee by five of its members. The Joint Committee has been continuing its good work of educating the public in medical matters and has been very successful because it has "no axe to grind." This year it published an informative booklet on Cancer developed by the Cancer Committee of the State Society. At the present moment it is helping the Radio Committee of the Michigan State Medical Society to coördinate radio activity along health lines over all the radio stations of Michigan.

A Bureau of Information was created during the past year by the State Society to distribute controlled news releases giving the medical viewpoint on all important matters of medical practice and organization. Each committee specifically designates in its official transactions the material to be released; the story is written in the Executive Office and approved by the committee authorizing publicity and also by a committee of The Council before it is released. The public reaction to the work of the Bureau of Information will naturally result in a necessity for the creation of speakers' bureaus by most of the county medical societies.

Other educational activity has been the distribution of hundreds of packages of 21 pamphlets, prepared by the A. M. A., to high schools, colleges, public libraries, Y's, etc., to give negative arguments on the question of socialization of medicine; the publication of a booklet on socialization of medicine by the Public Relations Committee; talks to lay groups by various officers, committeemen, and by the Executive Secretary were made throughout the year on the subjects of medical organization, what the physician is doing for his community, the value of the physician-patient relationship, what socialization of medicine means, etc.; a representative of the Michigan State Medical Society was guest speaker on the program of the annual meeting of the Michigan Association of Probate Judges. His subject was "Opportunities for Coöperation Between the Probate Judge and the Physician."

### Organizational Work

In compliance with the instructions of the House of Delegates last September, an executive secretary was employed on October 9, 1935. The executive office was moved to Lansing on November 1, 1935.

I would like to state at this time that I think Bill Burns has probably had the busiest year of his life, and I think he has done personally a wonderful job, and he is to be commended and we are to be congratulated upon his selection. (Applause)

Two Secretaries Conferences were arranged, one in Lansing on January 26, 1936, and one in Detroit on September 23, 1936. These sessions are wonderful aids to better organization and state-wide efficiency.

A committee of The Council was appointed to study the admission policy at the U. of M. Hospital. This committee is now working.

The subject of "Group Hospitalization" was discussed with representatives of the Michigan Hospital Association on two occasions. Also its operation, advantages and disadvanges were explained by the manager of the Cleveland program. The matter has been referred to the Legislative Committee of the M.S.M.S. No policy has been adopted.

Surveys of social aspects of sickness were urgently recommended to every county medical society, so that problems which exist in a plurality of the counties could be given the special attention of the Michigan State Medical Society, and possible solutions could be integrated throughout the entire state to govern other counties.

A good liaison was developed during the past year with the State Bar of Michigan, which will lead to mutual benefit and greater efforts in the future.

County medical societies were urged to hold regular meetings. Each Councilor was directed to encourage regularity of meetings in his District in order to permit the proper diffusion of desirable programs and projects in every county.

A survey of obstetrical practice to be made by the Maternal Health Committee was approved.

"State Society Night" became an institution during the past year. These important meetings were held in various counties at which the officers of the State Society outlined the work of the organization. President Penberthy presented the Five-Year Program of the Michigan State Medical Society and the Chairman of The Council stressed the greater need for coöperation of individuals in the county societies.

### Annual Meeting

The 1936 Annual Meeting is the most ambitious in the history of the Michigan State Medical Society. The scientific program and talent are the best obtainable. A new Exhibits Committee resulted in the presentation of 52 scientific exhibits and 72 technical booths.

I might state that some were turned down because we didn't have space enough for them. (Applause)

A new feature in public education is the opening of the exhibit to the people and the welfare agencies on Tuesday afternoon, September 22.

### Coöperation With Others

At all times the interests of the public, which go hand in hand with the interests of the profession, must be safeguarded. There are many groups such as social workers' organizations, lay organizations, public health organizations, governmental agencies, which are sincerely interested in problems of public health. The Michigan State Medical Society through its various committees has frequently recognized these problems which are nothing more nor less than the problem of making available to the public proper medical service in accordance with their needs and ability to purchase that service.

The solution of the proper distribution of medical care will be reached more readily when the medical profession and these various lay organizations get together resulting in a meeting of many minds, all having an interest in the problem. We believe the effective solution of this problem has been delayed by the lack of understanding between these groups. The Michigan State Medical Society made an attempt the past year to arrange for such a meeting of minds—on the phase of relief medicine.

It is the responsibility of every county medical society to see that good medical service is supplied

to everyone in the community who needs it. The more conscientiously this is done, the less interference will be attempted by outside agencies.

### Allegiance

In *all* matters of policy, the allegiance of the practitioner of medicine shall be to the county medical society. What other unit has as its reason of existence the betterment of the welfare of the practitioner of medicine? Allegiance to the medical society means allegiance to your ethics and your ideals.

THE SPEAKER: The report of the Council is referred to the Reference Committee on Report of the Council. (See page 750 for report of Reference Committee.) I shall ask Dr. James O'Meara to serve on the Reference Committee on the report of the Council.

Vice Speaker Riley took the Chair.

THE VICE SPEAKER: The next order of business is the report of the Delegates to the American Medical Association. Dr. Brook! (Applause)

## VII. REPORT OF DELEGATES TO A. M. A.

Some years ago your delegates to the American Medical Association were admonished to submit to this House a full and complete report of the transactions of the parent body at its annual meeting.

This custom, as you know, has been faithfully followed for a number of years. We feel, however, that it has some drawbacks with the possibility of it being an imposition upon your time and good nature for the following reasons:

The A. M. A. meeting is always held during the first six months of the calendar year, while for some years past our State meeting is held in September. During this rather long interval several numbers of our State Journal are issued which carry from the Editor's pen or other officers of our Society, and very properly so, the most interesting and pertinent items of the A. M. A. activities. Mention of this fact is no criticism whatsoever but rather a compliment to the alertness of these officers to give to our membership the A. M. A. news while it is hot.

Following the A. M. A. meeting the succeeding two issues of the JOURNAL give the complete minutes of the House of Delegates, through which you may browse at your leisure—assuming that you all receive the A. M. A. Journal—and read in detail that in which you may be interested.

To reiterate here that which has already been published in detail and republished as to essentials in our State Journal, we feel, is an unwarranted consumption of time on the part of this house as well as for its preparation by your delegates. Upon this point, however, we believe you should give your delegates very definite instructions for their future guidance, because of their desire to comply with your wishes.

So many subjects of local, general or scientific nature presented by men from various parts of the country, are brought before the A. M. A. House of Delegates that it is practically impossible to include in a report of this kind all of that which may be interesting to everyone and to delete that which we may regard as unimportant. For the above reasons, reiteration and emphasization of what we consider essentials are presented only in this report. We believe you understand that the previous sentence spells "brevity" and assume you are pleased to hear the word mentioned.

Kansas City is an ideal convention city. Its new and commodious auditorium, where all meetings were held and all exhibits displayed, is located immediately downtown within one and one-half blocks of the hotel district. The A. M. A. has the honor of being the first major organization to hold its convention in the new auditorium. The hotel-auditorium set-up provoked much favorable comment among the delegates.

The outstanding feature of the opening general meeting of the Association was the address of welcome from the Chief Executive of Kansas, Gov. Alf M. Landon, who has since become the Republican nominee for President. His address was very favorably received, as evidenced by the prolonged thunderous applause at its close. Only one person did I notice not participating in the demonstration and this gentleman was a delegate from Alabama. The Governor's staunch defense of "Individualistic Practice of Medicine" comprised a salient feature of the address which met with general approval.

Due to the serious illness of President-Elect Dr. James Tate Mason, the House was placed in a most unusual position in that it would be impossible to install the President-Elect in person. It was therefore agreed that if Dr. Mason was alive at the time he would be installed as President "in absentia." Dr. Mason continued to hold his own and was so installed. Upon the day of his death, June 20, Dr. Charles Gordon Heyd of New York, who was elected Vice-President, became President.

A feature report in executive session was that made by Dr. Carl H. Davis, chairman of the special committee to study Contraceptive Practices. The report is very comprehensive, presents evidence of much study, and contains all the subjects which have been freely discussed in recent years. Upon recommendation of the Committee on Executive Session, Dr. C. E. Mongan, Chairman, the Committee is to continue the study and report to the House at a later date.

Quite properly it may be stated here that a resolution introduced by our own Dr. Henry A. Luce on "Entrance Requirements to Medical Courses of Educational Institutions" was very warmly received and unanimously adopted.

The general trend of the report of the Committee on Medical Education and Hospitals, Dr. Geo. Blumer, Chairman, is summarized in the last paragraph of the report thus: "It further recommends that all services connected with the practice of radiology be under the direct control and supervision of the medical profession, and that this same principle pertain to other technical and professional services."

In the report of the Judicial Council, Dr. Geo. Follansbee, Chairman, there are brought out definite recommendations in regard to a resolution introduced by Dr. Burt R. Shurly at the 1935 session. The resolution, slightly changed, condemned the practice of offering commissions to persons effecting sales of certain mechanical aids for physical defects, and further stated such practice was a violation of the Principles of Medical Ethics.

Dr. E. H. Cary, Chairman of the Committee on Legislative Activities, is an indefatigable worker in the cause of maintaining the present high standards of medical practice. He is admirably fitted for the position by reason of his knowledge of legislative matters, his intense interest in the subject, and because he is financially able to neglect his practice. We earnestly commend to you the reading of the excellent five column report beginning on page 1913 of the JOURNAL.

Among the distinguished guests who addressed the Delegates were Lord Horder of England, Dr. Leon Asher of Bern, Switzerland, and Dr. T. C. Routley, Secretary of the Canadian Medical Association.

Each of these gentlemen was cordially received and each in turn extended cordial greetings from the professions of their countries and conveyed expressions of friendship and good will to the profession of America. It was really refreshing to hear these men from foreign countries talk. If diplomats would follow their example there need not even be the suggestion of international conflict.

There are ten Reference Committees of the House, which has a total membership of 175, which are representatives from 48 states, Hawaii, the Philippines, Puerto Rico, Canal Zone, Alaska and the Army and Navy. The selection of committee personnel is the prerogative of the Speaker. Appointments are made on the basis of familiarity with the work and seniority of membership, so that the entire procedure of the House may function smoothly. Michigan this year was awarded two Committee Chairmanships, which, when you consider that there were only ten to be allotted, was a very distinguished honor. Dr. Luce was appointed chairman of the Committee on Miscellaneous Business, and Dr. Brook, Chairman of the Committee on Credentials.

The entire atmosphere this year seemed to be more one of unity and friendship as contrasted with some of the meetings of recent years. Differences of opinion and rumblings of discontent were much less evident. The basis for this attitude seemed to be the thought that there was much less sentiment for Socialized Medicine. Throughout the entire proceedings there was never a single expression favoring any deviation from the present high standards of practice.

In this connection will you pardon me for deviating a bit for just a moment. The deviation is, however, pertinent to this report.

Two years ago your delegates at the Cleveland convention were in a tough spot. Exercising the diplomacy which comes with experience we successfully emerged as anti-socialistic delegates, and maintained for the physicians of Michigan their traditional reputation as high class sound medical thinkers.

About three weeks ago I received, as I presume you all did, a booklet entitled "Who Wants Socialized or State Medicine," edited by the Public Relations Committee of our Society. The booklet is attractively prepared, the contents concise in presentation of facts, and represents evidence of much thought, labor and research on the subject. Not in twenty-five years do we remember anything of equal value having been produced by our Society. The Public Relations Committee deserves every credit for the production of this valuable, worthwhile contribution. *Its publication is evidence of the fact that Michigan again is leading the profession of Amerca in the righteous cause to preserve for the doctor and the laity such methods of scientific medical service, based upon the application of sound principles and standards of practice, as have proven safe, successful and adequate through all the years.* In our report of 1935—speaking about the defeat of Dr. Moll and Dr. Warnshuis apparently because of certain resolutions introduced at the 1934 Cleveland meeting —we said: "Although we were disappointed in defeat we hold no ill will toward the House membership, being convinced that misunderstandings and incorrect opinions will some day be replaced by confidence and consequent vindication." We believe that the publication of the booklet has done just that, and that the Michigan State Medical Society will again be awarded its rightful place in the councils of the A. M. A.

Some of our members from time to time express the idea that the meeting of the A. M. A. is primarily a gathering of the medico-politico pooh-bahs. Well, is that what your State Society is for your state? You know it is not. A certain amount of politics exists in every organization and the A. M. A. is no exception. But the business of the Association is conducted by only 175 of the 6,000 or 8,000 physicians attending. Primarily it is the annual meeting of an organization whose membership totals more than 100,000 physicians. All the newest scientific achievements in medicine and surgery are presented and discussed and in many instances the commercial and scientific exhibits present the practical side of employing the newer methods of practice. A combination of these activities, all held under one roof, offer to the doctor at nominal expense a veritable post-graduate course at the greatest annual medical show on earth. We recommend attending whenever possible.

The election of officers took place on Thursday afternoon, May 14. Dr. John Howell Janeway Upham of Ohio was elected President-elect and Dr. Charles Gordon Heyd of New York City, Vice-President, who upon the death of Dr. Mason became President. Other officers were re-elected. Atlantic City, because of proximity of its convention hall to hotels, beat Philadelphia by one vote for the 1937 meeting place.

All of which is respectfully submitted.

Delegates: C. S. Gorsline, H. A. Luce, C. R. Keyport, L. J. Hirschman, J. D. Brook.

*(Applause)*

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The Speaker resumed the Chair.

The Speaker: The Report of the Delegates to the American Medical Association will be referred to the Committee on Officers' Reports. (See page 751 for report of Reference Committee.)

## VIII. PROPOSED AMENDMENTS TO BY-LAWS

Dr. Roy Holmes (Muskegon): I would request a change in the order of business so that some of the amendments to the Constitution and By-Laws may be considered. There are some amendments to the Constitution and By-Laws which I would like to present at this time so that they can be considered and we still will have plenty of time and we won't be hurried in our discussion of them when they come up for passage.

The Speaker: The Chair will recognize that request. I think it is important, inasmuch as amendments to the By-Laws must hold over for one session of the House.

Dr. H. A. Luce (Wayne): I move that the reference to changes in By-Laws be made a special order of business at this time.

Dr. F. T. Andrews (Kalamazoo): I second the motion.

The motion was voted upon and carried.

### VIII (1). COUNTY SOCIETY COMMITTEE ON LEGISLATION AND PUBLIC RELATIONS

Dr. Holmes: I move to amend Chapter 9, Section 10, of the By-Laws, the second line, to delete the word "policy" and to insert in its place the word "relations."

Instead of asking each county to have a Committee on Public Policy, it will be a Committee on Public Relations. It is mainly a matter of words.

### VIII (2). CREATION OF STANDING COMMITTEE ON POSTGRADUATE EDUCATION

I move to amend the By-Laws of the Michigan State Medical Society by adding to Chapter 6, Section 1 (f), Committee on Postgraduate Medical Education, and adding a new Section 8 to Chapter 6 as follows:

"The Committee on Postgraduate Medical Education shall consist of eleven members appointed by the President with the consent of the Council.

"The duty of this Committee shall be to supervise for the Michigan State Medical Society all present postgraduate medical training in the state and, with the approval of the Executive Committee of the Council, make any changes, additions or discontinuances of present programs and initiate such new programs as they deem advisable."

In explanation of that, last year the reference committee of that branch of the Committee on Economics recommended this, but failed to put it into the By-Laws to make it official.

### VIII (3). PROPOSING SPEAKER OF HOUSE AS A MEMBER OF THE COUNCIL

I move that the Constitution be amended to insert, in line 8 of Article V, following the word "Secretary," "the Speaker of the House of Delegates." The sentence then would read, "It should consist of the Councilors, the President, the President-Elect, the Secretary, the Speaker of the House of Delegates, and the Treasurer of the Society."

An additional line should be added to the Section reading, "The Speaker of the House of Delegates shall be a member of the Council and of its Executive Committee with the power to vote."

### VIII (4). SECRETARY AND EXECUTIVE SECRETARY

The last and longest one is a proposed substitute amendment to the By-Laws of the Michigan State Medical Society, Chapter IV, Section 4.

"The Secretary shall be an active member of the Michigan State Medical Society at a salary of $2,400 per annum and shall be a member of the Executive Committee of The Council. He shall be the recording officer of the House of Delegates, The Council, Scientific Assembly, and General Meeting. He shall also discharge the following duties:

"1. Collect all annual membership dues and such other moneys as may be due to the Society, keep membership records and issue membership certificates.

"2. He shall make all required reports to the American Medical Association.

"3. He shall deposit all funds received in an approved depository and disburse them upon order of The Council. The Council shall cause an annual audit of his accounts by a certified public accountant. He shall render a report to The Council reviewing the Society's activities and imparting recommendations for the advancement of the Society's interests at each meeting of The Council.

"4. Under the direction of The Council and with the advice of the Editor, he shall be the Business Manager of THE JOURNAL.

"5. He shall superintend all arrangements for the holding of all meetings in compliance with the Constitution and By-Laws and the instructions of the Council.

"6. He shall send out all official notices of meetings, committee appointments, certificates of election to office and special duties of committees.

"7. He shall receive and transmit to the House of Delegates and to the Council all committee and officers' annual reports.

"8. He shall institute and correlate all new activities under the supervision of The Council, and shall work on county society integration and furnish information to the public concerning health matters as directed by the President and The Council.

"The Executive Secretary, not necessarily a physician or a member of the Michigan State Medical Society, shall be appointed by The Council annually and shall be remunerated by a salary which shall be fixed by The Council within limits approved by the House of Delegates.

"The Secretary shall, with the approval of The Council, assign to the Executive Secretary such of the above duties as he deems advisable."

THE SPEAKER: That was made in the form of a motion?

DR. HOLMES: Yes.

DR. W. J. CASSIDY (Wayne): I second the motion.

The motion was voted upon and carried.

THE SPEAKER: These will be referred to the Reference Committee on Constitution and By-Laws. (See page 758 for report of Reference Committee.)

## IX. REPORTS OF STANDING COMMITTEES

The next order of business is that of the reports of Standing Committees. First is the report of the Legislative Committee, by Dr. H. H. Cummings, Chairman.

### IX (1). LEGISLATIVE COMMITTEE

DR. H. H. CUMMINGS (Washtenaw): Mr. Speaker, Members of the House of Delegates: I know you want to save time and I know you have received your Delegates' Handbook in which you will find the report of the Legislative Committee. I want to take time enough to supplement this report, because activities have gone on since this report was sent in to your Secretary.

The Legislative Committee of 1935 was a very active Committee. It had a very fine program outlined and passed on to us. We have conscientiously tried to fulfill and carry on the things suggested by the former Legislative Committee.

In your Handbook, under "Summary of Proceedings of the House of Delegates, 1935," you will notice:

"3. The House of Delegates voted that the Legislative Committee of the Michigan State Medical Society should reintroduce a barbituric acid bill into the next session of the Legislature instead of having it sponsored by the State Commissioner of Health."

A sub-committee was appointed by the Legislative Committee of this year, and a study was made of this situation, in states having a barbituric acid bill. Also, letters were sent to the A. M. A., to ascertain its attitude toward this, and considerable study has been done. However, the work is not completed and it is being continued, and later you will receive a report on this matter.

Under "6" there were eight recommendations of the Legislative Committees, as follows. I am going over all of these because some of them will be brought out in other ways. Your Committee was enlarged to seven instead of six. Dr. Foster and his Public Relations committee carried out No. 2, that is, that every county and district medical society should be stimulated to develop satisfactory and active legislative committees whose legislative policies are definitely established and unified throughout the state, namely, contacting legislators and keeping a closer relationship with public officials.

Of course it is not news; you all know that the Executive Secretary has been on the job in Lansing, which I think has changed the picture completely in all the departments of our state organization. I think everyone feels that Bill Burns has done a fine job this year. He has kept every committee active, informed; and too much praise can not be given to the splendid work that he has done; he and Dr. Ekelund together, and other officers of the Society.

Your Legislative Committee was advised to select a so-called legislative observer. That is a term that had never been used before. Someone suggested "legislative counselor." But regardless of what you care to call this man, the purpose was this: A man in Lansing making contacts with legislators, keeping in touch with bills proposed that might affect the Medical Society of the state or the medical profession. This matter has come before your Legislative Committee and has gone to this point, that several men have been investigated. Dr. Christian has carried on a good deal of work in looking around for the proper man. We all feel that we must get the right man for this position.

There are four things that were very definitely stated in the program for our year. The integra-

tion of medicine is first. Dr. Burke was put at the head of a subcommittee to study this, and began that work, but very early in our year we decided that the chief objective of the Legislative Committee of the State Society should be the passage of a basic science law, and that the integration of medicine program, which is a large program that will require a great deal of time, be set aside for the present.

The unauthorized practice of medicine, which you have seen creeping in from year to year, has been thoroughly studied, and Dr. Burke will report in a few moments to you about that.

On the basic science law I am going to take a little time. I suppose that every delegate here has had a copy of the basic science law. They were mailed last Thursday, and I know some of the doctors from the Upper Peninsula have not received their copies. I am not going over it word for word, but I do want to just summarize this proposal and the work that has been done on it.

Your Committee studied the basic science laws as passed in ten other progressive states, namely Wisconsin, Connecticut, Minnesota, Nebraska, Washington, Arkansas, Arizona, Oregon, Iowa and the District of Columbia. One state had a law which almost seemed to fit our situation here in Michigan, and from this state law our sub-committee drew heavily, changing necessary sections to fit the local situation. The proposed basic science bill represents almost the Minnesota law with some alterations. I want to give Minnesota credit for this, but I might say that all of these states have drawn, one from the other, in order to draft a basic science law.

Now just what is a basic science bill, and what are the objects? Why do we need a basic science law? The Act is "An Act to define and to regulate the practice of healing, to define the term 'basic sciences,' and provide for the appointment, powers and duties of a Board of Examiners in the basic sciences; for the punishment of offenders against the Act, and to repeal all acts and parts of acts in conflict therewith."

The purpose of the basic science law is to protect the public. It isn't necessary to say to this group of physicians that the laity does not discriminate. When they hear the term "doctor" it doesn't mean literary preparation, four years of medical work, internship and all that. They do not know about that. They think of a man who knows all about sickness, who can diagnose their disease and help them. The basic science law aims to help protect these people so that, feeling that way, they see a sign "Dr. So-and-So," and they must contact a man, or will contact a man who has had some training, which, in our bill, corresponds to two years of literary work. That is a good background for a medical training, and it is about the minimum standard. It means that this man, regardless of what he practices, in anything that he practices he has had a training; an adequate training in anatomy, because how can he treat a sick person if he knows nothing about the structure of the machine he treats? Physiology—the normal functions of the body—basic. He must know these things: Anatomy and Physiology. He should know something about disease reactions in the body, pathology, otherwise he would not know diseases or what he was treating. He must know the causes of disease, many diseases—bacteriology: this is not unreasonable. If he is to protect the people of the State of Michigan he must know public health and hygiene. If he is to carry on treatment, if he is to know anything about the diagnosis of disease by various laboratory methods, etc., he must know chemistry. Surely that is the minimum we could ask from anyone who cared to treat the sick or who was inspired to treat the sick.

With this fundamental training and this knowledge in the six basic science subjects, a man would be fairly well prepared to pursue further study in any healing art. There is nothing discriminatory about this bill. It is not retroactive. It affects no man practicing any form of healing today in this state. We couldn't pass such a bill. It does not aim to weed out the cults. It puts us on an equal footing with ten other states, so that Michigan will not be the dumping grounds of all men and women who care to practice the healing art regardless of their qualifications. That is the way it is going to operate. In a few years the states that are without a basic science law will have dumped in upon them thousands and thousands of individuals who, without adequate training, desire to treat the sick. We must protect the public. We are asking nothing of these people that we do not ask of our own medical students. They will have to pass a Basic Science Board. This Board is made up of six Examiners. These Examiners are not practicing physicians, but they are outstanding men teaching the various subjects, such as physiology, anatomy, chemistry, public health, and pathology. These men will meet and examine every candidate who wants to practice healing in the State of Michigan.

The bill is far from complete. I have briefly given you the synopsis of it. We are not asking something to protect the doctor. I feel sorry for the doctor who feels he must be protected from the cultist. Any doctor who keeps up to date, who has had a good training, need never fear a cultist. It is ridiculous. We are not here to fight the cultists; we are here to protect the public and to raise the standard of those who care to treat the sick—the educational standards. These are the only purposes of the basic science law. It is not to help the practitioner of medicine as we know it. Those of you who have not a copy of the basic science bill will soon have it. I want to ask you to study it because it isn't complete and it isn't perfect. We want the suggestions of every doctor in the State Society. We are going to need your help. The machinery has been set up to pass this bill, but it is going to require more than the work of the state officers, of the committeemen. It is going to require work from every County Society.

I realize that lots of busy doctors say, "I'm not a politician; I'm not interested in politics." Well, gentlemen, I am not a politician. I don't know why I was selected for this job because I knew as little about legislative matters as any doctor in the State Society. But I have learned a great deal, and I wish that every doctor belonging to the State Society might head some committee or work on one of these committees such as we have had this year, because from the President on down every man has given generously of his time and money, has spent long hours, exhausting hours, in working on these various subjects. It is an education in itself, but every doctor in the state must become politically-minded to the extent that you want to see intelligent men in Lansing, men who will listen to reason, men who have been contacted by their own doctors in their own county societies and know the viewpoint of the physicians.

At the present time, when a doctor appears in Lansing the legislators' reaction is this: "Here is a doctor representing a big trust, the American Medical Association or the Michigan State Medical Society. Pay no attention to him. He has an ax to grind. Escape him, get away from him." That is the reaction that you will get in Lansing until the men representing us have been contacted and given the proper medical viewpoint. When this happy

day comes then any progressive legislative measure for the good of the people of the State of Michigan will be passed without difficulty.

Thank you. (Applause)

THE SPEAKER: The report of the Legislative Committee will be referred to the Reference Committee on Standing Committees. (See pages 748 and 751 for report of Reference Committee.)

#### IX (2). MSMS REPRESENTATIVES TO THE JOINT COMMITTEE

We will continue with the regular order of business, which is the report of the Standing Committee of Representatives on Joint Committee Public Health Education. Dr. Corbus is absent. Does he have anybody to substitute for him? If not, the report, I believe, is found in the Delegates' Handbook. The report of this Standing Committee will be referred to the Reference Committee on Standing Committees. (See page 749 for report of Reference Committee.)

#### IX (3). COMMITTEE ON MEDICAL ECONOMICS

The next Standing Committee to report is the Committee on Economics, Dr. Pino, Chairman. Is Dr. Pino here? (Absent) The report of the Committee on Economics is in the handbook and will be referred to the Reference Committee on Standing Committees. (See pages 748 and 752 for report of Reference Committee.)

I assume that it is not the fault of the Chair that these men are not here. If they desire to speak at some later date, the Chair will give them the privilege.

#### IX (4). CANCER COMMITTEE

The next Standing Committee to report is the Cancer Committee, Dr. Brines, Chairman. Is Dr. Brines present? (Absent) The report of that committee will be found in the handbook and will be referred to the Reference Committee on Standing Committees. (See page 749 for report of Reference Committee.)

#### IX (5). PREVENTIVE MEDICINE COMMITTEE

The next order of business is the report of the Preventive Medicine Committee, Dr. Geib. The report of that Committee is also found in the handbook and will be referred to the Reference Committee on Standing Committees. See page 749 for report of Reference Committee.)

There apparently being nothing more to come before this session, the Chair will entertain a motion to recess until two o'clock.

DR. JOHN L. CHESTER (Wayne): I so move.

DR. CARL F. SNAPP (Kent): I second the motion.

The motion was seconded, voted upon and carried, and the session recessed at 12:05 o'clock.

## Monday Afternoon Session

***September 21, 1936***

The meeting convened at 2:05 o'clock, Speaker F. E. Reeder, presiding.

THE SPEAKER: The Chairman of the Credentials Committee will report on attendance of delegates.

THE SECRETARY: Mr. Speaker, I hold in my hands the signed slips of fifty-six accredited delegates. If some delegate will move that this constitute the roll of the House for this afternoon session, we may proceed.

DR. J. M. ROBB (Wayne): I so move.

DR. JOHN SUNDWALL (Washtenaw): I second the motion.

The motion was voted upon and carried.

THE SPEAKER: I therefore open the second session of the House of Delegates.

At this time, according to your program, you will notice that there is a reading and adoption of minutes. There was very little to be done on that, the Secretary states, as it consists mostly of other reports and parts of the reports were not completed, therefore, we will dispense with the reading and adoption of minutes.

#### IX (3). COMMITTEE ON ECONOMICS—SUPPLEMENTARY REPORT

At this time the Chair would listen to a motion to dispense with the routine business according to the program of the second session, in order to permit a supplementary report of the Committee on Economics, in order that it may be properly referred to the Reference Committee.

DR. ROY H. HOLMES (Muskegon): I so move.

DR. JOHN L. CHESTER (Wayne): I second the motion.

THE SPEAKER: Is there any discussion? If not, those in favor of the motion will say "Aye." Opposed, "No." The motion is carried. The Chair recognizes Dr. R. H. Pino, of Wayne.

DR. R. H. PINO (Wayne): You have the report of the Economics Committee, which was made out a good many weeks ago, when we were asked for a report, in order that it might be published, but before we were ready to give a final report.

I want to apologize for not being on hand this forenoon when a report from this Committee was called for, but we were up in one of the rooms working on some very important material, and thought we would be called when you were ready for us. I am going to skip over the report of the Subcommittee on Relief Medicine, because it is probably the most important part of the report of the Economics Committee, and it will come up for discussion last.

Is Dr. Jennings in the room? We will have first, then, the report of the Committee on Postgraduate Courses for General Practitioners. Dr. Jennings.

#### IX (3a). SUBCOMMITTEE ON POSTGRADUATE COURSES FOR GENERAL PRACTITIONERS

DR. A. F. JENNING: (Wayne): Mr. Chairman and Members of the Society: The report on the Postgraduate Courses for General Practitioners has been written in the handbook. The question of where this Committee crosses with that of the Advisory Committee on Postgraduate Medicine is still unsolved. We felt that we rather trod upon its toes to a certain extent.

In general, the Committee bore out the recommendations submitted by the previous sub-committee which had to do largely with the work done by Dr. Nathan Sinai and others on the investigation of the need for postgraduate teaching and the facilities for postgraduate teaching throughout the country. The Committee had no further suggestion than to recommend the continuation of that teaching.

Two or three subjects came before this Committee, which were discussed and reported, one the matter of establishing study centers in the various hospitals throughout the state, if that were possible. Another matter came up which possibly again is a little out of line for this Committee; that is, this Committee was established largely for the work for general practitioners, not for the training of specialists. Dr. J. D. Bruce, however, did bring up to this Committee certain matters pertaining to the training of specialists; that is, that the training for specialists might be accomplished elsewhere than in large teaching centers. The Committee recommends that that be studied very carefully.

A final matter was the question of intensively studying, throughout the state, various diseases in order that we could have a comprehensive survey of certain various specified diseases from year to year in order that our method of treatment, diagnosis, etc., might be standardized and knoweldge of them more widely diffused. The Committee recommends that these matters be taken up by this Committee or, if not, by another Committee, and we would also request that the matter of post-graduate teaching as such be left in the hands of one committee.

### IX (3b). SUBCOMMITTEE ON INDUSTRIAL MEDICINE

DR. PINO: Now, the problem of industrial medicine. This is a subject that was given to the Economics Committee last year. We were supposed to bring in a report this year. We have arrived, as we have stated in this preliminary report, only to this point, that the subject is altogether too big a subject to be undertaken by the Economics Committee of any state society or county society to be able to bring in a report that is at all adequate.

I am going to read to you a resolution, first so that from the resolution we can argue back to the reason for it and then you can do as you wish with the resolution after it has gone to the proper committee:

"WHEREAS, It is conceded that an analytical evaluation of all phases of industrial medicine would be to the best interests of all concerned, and

"WHEREAS, The problem is one nation-wide in scope; therefore, be it

"RESOLVED, That the Michigan State Medical Society instruct its delegates to the A. M. A. to introduce at the next meeting of the House of Delegates a resolution embodying the essential facts involved, requesting the A. M. A. to proceed at once with a nation-wide survey."

There was considerable argument in the Economics Committee as to the advisability of any report whatsoever. We want to recognize this, that as in ophthalmology and many of the specialties, Boards have been set up to make it possible that men who would qualify for certain specialties will really qualify. We have in every specialty those who might be considered competent and those who may not be considered competent, and through these Boards it is hoped that by the process of pressure of the evolution a desirable situation will come to pass earlier than would otherwise be the case.

We recognize full well that there are a great many men—probably the majority of men—who are doing work in industrial medicine and surgery of the very highest type, and naturally they feel that no study or investigation of any type is indicated by a state medical society or a county medical society. They feel that the evolutionary processes will result in all of the things being ironed out of that type of work that is not good. However, there are those who think quite the opposite. At any rate, we were asked to bring in a report, and we have to give reasons why we are submitting the resolution. I want to read to you, after stating what I have, relative to those doing this kind of work, some reasons why some others feel that a study should be made—and understand, we mean a study bringing in recommendations to the best interests of all concerned.

Others state this: "In the competition between the insurance companies for the low premium on the risk, competitive bidding by unscrupulous doctors results to the disadvantage of the profession and the patient, the doctor hoping to extract from the patient privately what he does not get from the insurance company. Under the present arrangement, as industrial insurance is practiced in Michigan, the profit realized from the medical service to these companies goes to the insurance companies rather than to the doctor who has put in long years in preparation for the service. The insurance companies concentrate their work among a very few men who, in turn, do a much greater amount of work than they are actually paid for. The work should be more widely distributed (I am not giving you the opinion of the Economics Committee) to insure fairness to both patient and physician. Under the present industrial system, the man injured in industry has no choice of his physician. He has to accept the physician offered him regardless of whether he receives fair and competent treatment or not, whereas, if he had a panel from which to choose he would be assured of more careful and considerate treatment. The New York State plan follows the panel system.

"Where the industrial concern carries both health and group insurance and compensation insurance, there is a tendency in some plants for the doctor to take advantage of this and direct privately the medical care of the entire organization."

Now, since there are these two sides some of our splendid men devoting all of their time to this thing which they feel is a specialty, whereas, there is this other side and whereas, it has been given to us to bring in a report, and whereas, it is impossible for us to bring in any report that is adequate, as this is a subject that needs study, we present the resolution which I have read, and that is all we have to report on this subject of industrial medicine.

### IX (3c). SUBCOMMITTEE ON GROUP HOSPITALIZATION

Now, coming to group hospitalization, you have perhaps read the report that has been printed. We are only stating in this report that we believe it would be best for the Michigan State Medical Society, instead of committing itself at all on the subject of group hospitalization, to take the attitude of watchful waiting, to study the results of this in other states and then, if it seems to work successfully and if it preserves the physician-patient relationship, it might be endorsed.

There are no resolutions of any kind that we can present on this subject. We advocate watchful waiting and a study of the subject.

### IX (3d). SUBCOMMITTEE ON RELIEF MEDICINE

We can now present the subject of relief medicine, in charge of Dr. Insley. Dr. Insley has given a tremendous amount of time and thought to this subject this year. I want you to know this, that so far as I am concerned, I have bent backward in this matter of government practice of medicine. I have given a great deal of thought, as have all of the members of this committee; Dr. Insley and I have worked together for nearly four years in the matter of the Medical Service Bureau of the Wayne County Medical Association, which has to do with an arrangement, logically set up, whereby an individual who can not pay today for medical care can do it on a postponement basis, and, believing that everyone, so far as possible, should do that, we have worked hard and, as I say, bent backward in this matter of trying to have patients pay all they can logically pay, instead of having it paid by someone else.

Now, we come to the subject of relief medicine for the indigent individual, and I have had a number come to me to urge that the matter of having some kind of set-up, state-wide, with a state director, so that throughout the counties of Michigan there would be adequate and the same type of medical care for indigent people, be given consideration. We have thought about it from all

angles. I think that Dr. Insley and his subcommittee have thought it through adequately, and that what he has to present will include the best that is now used by the various counties in the state in the care of the indigent. Dr. Insley.

DR. S. W. INSLEY (Wayne): This report has been stripped to the minimum in an attempt to keep the policies in as clear a fashion as possible.

Before I proceed I wish to call the attention of the gentlemen here to the fact that a number of the policies and statements made in this report follow what Dr. Pino has just said—what we have considered the better practices of the various agencies now dealing with the matter of relief.

Dr. Insley continued by reading his paper.

The Sub-committee on Relief Medicine offers the following principles to be included in the proposed revision of medical relief legislation.

1. Welfare officials of the local district or county shall provide medical care for sick persons whenever necessary, providing they are on direct relief.

2. Such persons in need of health care shall be attended by and receive such care from their own family physician or physician of their own choice in so far as practicable.

3. Payment for approved services shall be made in accordance with a scale of fees agreed upon in advance by local welfare officials and representatives of the medical profession.

4. Pursuant to these proposed enactments, there shall be created in each local district or county welfare unit, a medical advisory and filter board composed of representatives from the organized medical associations. Members of this board shall serve without pay or compensation.

5. All matters pertaining to medical policies, and discipline, and determination of medical necessity shall rest with the professional members of this board.

6. The local district or county welfare officials shall appoint a local district or county medical officer who has been approved by the local advisory filter board. This medical officer shall serve in an administrative capacity; and shall approve and certify for the local district or county welfare unit to individual medical necessities under regulations prescribed by the Medical Advisory and Filter Board. This officer shall be properly compensated by the local district or county welfare unit.

7. All persons not on direct welfare relief, who desire or are in need of public aid to obtain necessary medical care, shall, after approval of medical necessity, have their individual cases reviewed by the county probate courts. The court shall adjudicate the claims of all parties concerned, and certify to public funds necessary in case of proven partial or total indigency. Agreement by the applicant for partial payment or post-payment of incurred costs shall be encouraged. All collections upon part or post-payment agreement shall be made directly to the professions involved, and not indirectly through governmental agency. The various types of health necessity shall be approved and certified to by the local district or county medical officer as provided for by the local district or county Medical Advisory and Filter Board.

We further recommend retention of the present Crippled Children Commission, who shall deal exclusively with crippled children; the so-called afflicted child to be handled through the enactments suggested above.

#### IX (3e). SUBCOMMITTEE ON INSURANCE EXAMINATIONS

DR. PINO: Has Dr. Holmes come in? I think the report of Dr. Holmes' Committee is published in the last number of the JOURNAL so that that will stand, then, as it appears there.

THE SPEAKER: This report of the Committee on Medical Economics will be referred to the Reference Committee on Standing Committees. (See pages 748 and 752 for report of Reference Committee.)

The Chair will entertain a motion to revert to the regular order of business.

DR. A. P. BIDDLE (Wayne): I so move.

DR. J. M. ROBB (Wayne): I second the motion.

The motion was voted upon and carried.

## X. REPORTS OF SPECIAL COMMITTEES

THE SPEAKER: We now return to the regular order of business, and that order of business is the reports of Special Committees, the first of which is the Public Relations Committee. Dr. Foster.

#### X (1). PUBLIC RELATIONS COMMITTEE

DR. L. FERNALD FOSTER (Bay): Mr. Speaker and Members of the House of Delegates: The Public Relations Committee submits its report without change from its presentation in the handbook.

THE SPEAKER: Therefore, the Reference Committee will find the report of the Public Relations Committee in the handbook. (See page 757 for report of Reference Committee.)

#### X (2). MATERNAL HEALTH COMMITTEE

The next special committee to report is the Maternal Health Committee, Dr. Alexander Campbell.

DR. H. W. WILEY (Ingham): Dr. Campbell is unable to be here and asked me to report that the report of this Committee had been submitted and printed in the handbook.

THE SPEAKER: The report, to which there have been no additions or supplements, will be referred to the Reference Committee on Special Committee. (See page 757 for report of Reference Committee.)

#### X (3). RADIO COMMITTEE

The Radio Committee, Dr. Fred Cole. Is there any addition to the report of the Radio Committee aside from what is printed here in the handbook?

DR. FRED H. COLE (Wayne): Nothing other than is printed in the handbook.

THE SPEAKER: Thank you, sir. Therefore, this report will be referred to the Reference Committee on Special Committees. (See page 757 for report of Reference Committee.)

#### X (4) THE ADVISORY COMMITTEE, WOMAN'S AUXILIARY

DR. J. M. ROBB (Wayne): There is no further report other than is printed in the handbook.

THE SPEAKER: This will be referred to the Reference Committee on Special Committees. See page 757 for report of Reference Committee.)

The next order of business is the report of the Liaison Committees for Hospital, with the State Bar, with Dentists, Nurses and Pharmacists Associations. Dr. Gruber, for the Hospitals.

#### X (5). LIAISON COMMITTEE WITH HOSPITAL ASSOCIATION

DR. T. K. GRUBER (Wayne): Mr. Speaker, we have no change in the report from that printed, and we submit the report as printed.

THE SPEAKER: Thank you.

Is there anybody to report for the Bar Association? Dr. Jennings.

#### X (6) LIAISON COMMITTEE WITH THE STATE BAR

DR. JENNINGS: Mr. Chairman and Members: The Liaison Committee with the State Bar of Michigan has held several rather important meetings, one last night, so the supplementary report is necessary.

A committee also has met with the Wayne County Medical Society discussing the subject of medical testimony. The attorneys seemed to feel that possibly some changes could be accomplished in the question of medical testimony. The only suggestion that the attorneys have so far made would be, I am sure, unacceptable to the medical profession.

There have been no other suggestions that we can put before the House. We feel that the question is one which will require a great deal of discussion, and we recommend that the Liaison Committee be continued for the further discussion of this very important matter.

As I was informed by our President last night, the matter of having a committee discuss problems in common with the medical profession and the legal profession is a new one, and I feel that we have made in our discussion so far a very important step toward a common understanding of some of our problems. Our Committee would recommend that that work be continued.

THE SPEAKER: Thank you, Dr. Jennings.

The Dental, Nurses' and Pharmacists' Associations: Dr. Greene, of Shiawasee.

### X (7). LIAISON COMMITTEE WITH DENTISTS, NURSES AND PHARMACISTS' ASSOCIATIONS

DR. I. W. GREENE (Shiawassee): We have no formal report. The officers of the Society felt that because of the varied activities of the societies it was better not to attempt to start any extra-curricular society such as the Public Health League of Michigan, and that the work would be better deferred until some other year.

THE SPEAKER: These various reports of special committees will be referred to the Reference Committee on Special Committees. (See page 758 for report of Reference Committee.)

### X (8). MEDICO-LEGAL STUDY COMMITTEE

The next committee to report is a committee which is not published in your regular program. That committee was appointed in the early part of the year by the Speaker, as ordered a year ago by the House of Delegates, to study the Medico-Legal Defense Fund. The Chair will recognize Dr. Greene, Chairman of that Committee.

DR. GREENE: Mr. Chairman, the report of our committee is published in this handbook. Do you wish any further report than that?

THE SPEAKER: Have you any supplementary report?

DR. GREENE: No supplementary report or changes.

THE SPEAKER: Thank you. This report will be referred to the Reference Committee on Special Committees. (See page 751 for report of Reference Committee.)

### X (9). IODIZED SALT COMMITTEE

At this time the Chair wishes to recognize another special committee—the Iodized Salt Committee. The Chair will recognize Dr. Miner.

DR. F. B. MINER (Genesee): Mr. Speaker, Mr. President, Delegates of the House: Dr. Cowie, Chairman of the Iodized Salt Committee or the Goiter Committee, was unable to be here today and asked me, as Secretary, to give a brief report from the data which were agreed to last Thursday. We regret very much that our work is not completed and that this partial report was not completed in time to have it printed in the handbook.

Your Iodized Salt Committee, working in cooperation with Dr. C. C. Slemons, Commissioner of the Michigan Department of Health, wishes to report progress in study and in compilation of figures of its resurvey for the incidence of endemic goiter of school children made in November and December, 1935. This work was done in four counties, Macomb, Midland, Wexford, and Houghton, and the city of Grand Rapids, thus using the same areas which were originally surveyed by the State Department of Health, in 1924. The Committee was most fortunate in securing the services of Dr. O. P. Kimball of Cleveland, Ohio, who was the director of the former survey. In this work he was assisted by three physicians from the State Department of Health, one from the Pediatric Department of the University, and one from the Children's Clinic at Marquette. Without the assistance of this splendid staff, the survey would have been impossible.

This resurvey was prompted by Dr. Roy D. McClure's published study of the marked decrease in surgical goiter since 1927, in Michigan's seven largest hospitals as due to the use of iodized salt, which came on the market March 24, 1924—eleven and one-half years ago. It will be remembered that this body, the Michigan House of Delegates, approved at its 1923 meeting, the recommendations of this same Committee to contact the Salt Producers Association and arrange, if possible, for the production of iodized salt.

The questionnaire used in this resurvey aimed to determine the incidence of goiter in school children of today and also to learn pertinent facts about the family use of iodized salt. The difficulty in classifying the layman's answers to this latter question has caused the delay of our report. In the completed analysis we aim to answer all controversial questions raised by the opponents of iodized salt, or at least to shift the burden of proof to them.

The findings thus far indicate a very worthwhile contribution to preventive medicine by the Michigan State Medical Society. It is impossible in this brief report to give you the scope of the use of iodized salt throughout this entire country. In the sales of the largest manufacturer Michigan stands tenth. Much credit is due the Michigan Salt Producers for their keen philanthropic interest and generous contributions to the resurvey fund, and also to Dr. William Hale and the Dow Chemical Company.

We respectfully ask that the following partial figures showing the present incidence of goiter as compared with the former survey be withheld from publication or use until the Committee can render a completed report.

In all, 61,641 children were examined—32,833 in the four counties; 28,808 in the city of Grand Rapids.

| | Houghton County | Wexford County | Midland County | Macomb County |
|---|---|---|---|---|
| Per cent of Goiter, 1924..... | 64.4% | 55.6% | 32.7% | 26 % |
| Per cent of Goiter, 1935..... | 15.8% | 12.2% | 5.2% | 3.6% |
| **Per cent decrease in 11 years....** | **75.4%** | **78 %** | **84.5%** | **86.1%** |

| | City of Grand Rapids |
|---|---|
| Per cent of Goiter, 1923..... | 30% |
| Per cent of Goiter, 1925..... | 27% |
| Per cent of Goiter, 1928..... | 14% |
| Per cent of Goiter, 1935..... | 3% |
| **Per cent decrease in 12 years.....** | **90%** |

The Michigan Agricultural Department has given us the analyses of the iodine content of thirteen different brands of salt distributed in the state. Most of these tally with or are close to our recommended requirement of .02 of one per cent. None are above but a few are far below. Your Committee has found no reason warranting a change from the former recommendation of .02 of one per cent.

A standardization committee in the Salt Producers Association has been named and your Committee plans to contact their committee at the opportune time.

Your Iodized Salt Committee respectfully asks approval of their partial report and begs permission to complete its study and publish a final report.

D. MURRAY COWIE, M.D., Chairman
FREDERICK B. MINER, M.D.,
Executive Secretary and Treasurer.

THE SPEAKER: This report is referred to the Reference Committee on Special Committees. (See page 757 for report of Reference Committee.)

### X (10). ADVISORY COMMITTEE ON POST-GRADUATE EDUCATION

The Reference Committee on Special Committees will find the report of the Advisory Committee on Postgraduate Education in the handbook. (See pag 757 for report of Reference Committee.)

### X (11). COMMITTEE STUDYING FEE SCHEDULES A, B, C, D

The Chair, at this time, will recognize Dr. Penberthy, who will give a report on the revision of Schedules A, B, C, and D.

DR. GROVER C. PENBERTHY (Wayne): Mr. Speaker and Members of the House of Delegates: This Special Committee is reporting on the revisions of fees as affecting the crippled and the afflicted child, two Acts, 236 and 237, which cover the Schedules A and D, and C. For your information, I think it should be known that the state administration asked that a committee from the State Society be appointed to review the fee schedules drawn up some years ago, and in some instances to clarify some of the diagnoses and conditions for which fees were allowed. As a result the Chairman of the Council appointed the following Committee: Dr. C. T. Ekelund, Dr. L. F. Foster. Dr. C. R. Keyport, Dr. Frank H. Purcell, and Dr. E. R. Witwer.

Your President sat in and is reporting for the Committee. The Committee met on two occasions and reviewed the fee schedule. The State Society has never felt that it wanted to adopt a fee schedule of any kind, but for the purpose of aiding the Auditor General and to simplify the activities of the operation of the two Acts, the State Society felt that some type of fee schedule should be recognized and used. As a result the Committee met on two occasions and changed some of the fees. Some were lowered, some were raised, and in reporting for this Committee, I think it only proper that this House of Delegates be acquainted with the report of the Committee which was submitted to the Council.

There is only a limited number of copies of this report affecting the afflicted child, but we have any number—and I think a sufficient number—of reports from the Crippled Children Commission and their report on Schedule C. Following is the report of the Committee on Schedules A and D.

* * *

In recommending revision of Schedules "A" and "D" as promulgated by the Crippled Children Commission and the State Administrative Board, the Executive Committee of the Michigan State Medical Society has appointed a special committee to study the schedules in their entirety with a view to correcting certain inequalities and clarifying certain items rather ambiguously tabulated. The Committee herewith respectfully submits its recommendations and believes that they will reflect the coöperative spirit which has actuated the officers and committees of the State Society during the past year.

It should be noted that the fees listed are in every instance one half or less of the prevailing average fees charged in private practice to people of small means, and are considerably less than half of prevailing average fees in many other parts of the United States. The schedule as herewith revised, therefore, represents a level so low that subsequent revision could be expected in one direction only. Due cognizance has been taken of the necessity for strict economy in the administration of the Crippled and Afflicted Child Acts, but it should be emphasized that the monetary values placed upon the specific items of service by this schedule are uniformly at the lowest possible level commensurate with a sustained good quality of service.

Experience in many areas has shown that the medical profession has discharged its obligation to society with fidelity and with efficiency and that instances of exploitation, which individually loom large, comprise in the aggregate less than one per cent of the total value of all services rendered. The Michigan State Medical Society pledges its continued coöperation in eliminating unwarranted expenditures under these Acts. We would, however, call attention again to the vulnerability of the State under the existing methods of economic investigation. The Michigan State Medical Society has, we contend, put its own house in order in the establishment of medical examining boards throughout the state. These boards for the most part are operating satisfactorily, but the economic filter boards are as yet inadequately organized in many areas, and for one reason or another do not operate efficiently. In many instances this is due to lack of funds for conducting adequate economic investigation.

Doctors do not deal in tangible merchandise with prices fixed by cost of production, but do deal in health and life, upon which no price can be placed. The public at large and its servants in public office should recognize the fact that efficiency in the practice of medicine is dependent upon an adequate financial support of the physician. A living wage for the doctor and his family and the heavy overhead which his profession demands must take only part of his income. In addition, he must have means with which to keep abreast of progress in medical science, to purchase new books and instruments and to visit clinics and large centers for medical study. In this way only can the benefits of modern medical science be made available to those who are sick. An inadequately supported medical profession means an inadequately served public.

The fees listed in the accompanying schedule† remunerate the physician for no more than the actual expense involved in most instances. Accordingly, it should be specifically emphasized that this fee schedule is in no sense to be interpreted as a basis for fees charged private patients.

GROVER C. PENBERTHY, *President*
HENRY COOK, *Chairman of the Council*
C. T. EKELUND, Secretary
L. F. FOSTER
C. R. KEYPORT
FRANK H. PURCELL
E. R. WITWER

†The Fee Schedules, as revised, will be published in detail in THE JOURNAL at a later date, as soon as the Special Committee of The Council has presented the results of its study to the Michigan Crippled Children Commission and the Augmented State Administrative Board and obtained the approval of these two governmental bodies, which are charged by law with the administration of the Acts.

DR. PENBERTHY (continuing): That covers A and D as pertaining to the afflicted child. Schedule C, as approved by the orthopedic surgeons and as recommended to the Crippled Children Commission, is submitted in addition to Schedules A and D. I respectfully submit these reports to the proper committee for consideration.

THE SPEAKER: This report is referred to the Reference Committee on Special Committees.

The Chair will, at this time, recognize Dr. Purcell, if he so desires, to discuss this matter from the orthopedic standpoint. Dr. Purcell.

DR. FRANK H. PURCELL: Mr. Chairman, there isn't anything special that I can think of now. However, if there are any questions that anybody has to ask, I would be glad to answer them. This fee schedule was left exactly the same as it has been going on in the past few years, pertinent to the charge of prices for operative work or non-operative work. There have been a few minor changes; one, if you look at the first page, "No series of charges for the same child for any one year shall exceed $200 regardless of the number of operations or applications of casts for the orthopedic or plastic condition."

The reason that was changed is this: In the past commitments were allowed to go on for a considerable length of time, year after year. If six, seven, or eight operations were performed in any of these cases, $200 was always the limit, regardless of the number of operations you did and regardless of the length of time of after care. Recently there has been a change in the time allotted for the commitment of these patients. It was cut down to two years, two years ago, by the Commission, under this Crippled Children's Act. On the afflicted, I think it has been one year.

In the past year, due to the action of the present administrative board in Lansing, it has been cut down to one year. Now, if a case were operated on six or seven times during the one year and then discharged, and then committed at a later date, two or three years later, we feel that there should be some small charges allowed later, but they can never exceed, under continuation of care over an indefinite time, $200, which it has always been. That is the number one revision. If there are any questions on that point I would like to answer them.

The same applies on page 3, for multiple minor work. The former schedule for multiple minor work was $150 for all your plasters. If your plasters had to be changed a greater number of times than you expected, no fee was paid for those, nor were there fees paid for visits after.

Class No. 3, on page 3, is another class of operation, including some work on club feet, for which major multiple work $100 is charged. That fee is still the same. The only change in any of those three classifications would be in the amount of time the commitment was made for.

Then, on page 4, the non-operative cases, such as acute poliomyelitis, early spastic paralysis, new Erbs palsy, infantile torticollis, postural defects and scoliosis. These cases all require considerable non-operative treatment. Of course, the manner in which these cases are treated would be an examination, then referred to the Department of Physiotherapy for treatment, and then referred back at a later date, say once a month, to the surgeon for check-up examination, to determine whether the same treatment should be carried on or discontinued. We are asking now, which was not present before, a $2 charge for the examinations made at those times. Those are all the revisions, and they are all minor.

No, there is one other one here. Formerly, if we performed an operation, say a single operation, we had to take care of those cases for ninety days after the operation, and that included visits, detail work, changes of plaster in tubercular hips, whatever the case might be. Originally, this was thirty days, and a few years back, for economy, we suggested that we continue with the care of these cases for a ninety-day period. Now we ask that it go back to the thirty-day postoperative care. On the afflicted you have fifteen days' care.

You must remember that in these cases there is always a great deal of work that perhaps we aren't looking for that we have to do anyway, and we feel it is extremely fair to ask that our postoperative work be reduced to thirty days from ninety.

Those are all the revisions made.

THE SPEAKER: Thank you. This, likewise, will be referred to the Reference Committee on Special Committees.

Are there any other Special Committees which have been appointed and which are not mentioned in the program? If not, we shall proceed with the next item of business.

## XI. RESOLUTIONS AND NEW BUSINESS

We proceed with the next order of business, that of resolutions and new business. The Chair recognizes Dr. Henderson of Wayne.

### XI (1). EMERITUS MEMBERSHIPS

Dr. L. T. Henderson read the prepared resolution:

**Resolution Relative to Emeritus Memberships:**

Upon recommendation of the Wayne County Medical Society, the Council of the Michigan State Medical Society, at its meeting of January 15-16, 1936, voted favorably to recommend to the House of Delegates of the Michigan State Medical Society, meeting in Detroit, September, 1936, that Drs. A. Thuner, Angus McLean and A. N. Collins be made Members Emeritus of the State Society and Affiliate Fellows of the American Medical Association. The requirements of the By-laws of the Wayne County Medical Society and Michigan State Medical Society with reference to Emeritus Membership have been met in all these cases.

*Dr. A. Thuner* has been engaged in the active practice of medicine for fifty-seven years. He was born in 1857, in the City of Detroit, graduated from the Detroit Medical College in 1879, and established practice immediately after his graduation, in the City of Detroit. Dr. Thuner was City Physician for two years, County Physician for two years, and has been a member of the Wayne County Medical Society, Michigan State Medical Society, and the American Medical Association since April 7, 1906, a period of thirty years. In recognition of the long period of activity with the Wayne County Medical Society, the Society conferred Honor Membership to Dr. Thuner.

*Dr. Angus McLean* has been engaged in the active practice of medicine for fifty years. He was born in St. Clair County, Michigan, in 1862, and his preliminary education was received at the Collegiate Institute of Strathroy, Ontario, graduating from the Detroit College of Medicine in 1886. Dr. McLean has been connected with City and State government in several capacities. He was City Physician from 1881 to 1891, and in 1893, was appointed Quarantine Inspector for the port of Detroit by President Cleveland. Police Surgeon from 1895 to 1901, and from 1905 to 1913, he was professor of Clinical Surgery at the Detroit College of Medicine. In 1905, he was appointed to serve on the State Board of Health, and in 1911, became a member of the Detroit Board of Health. His present position as School Inspector in the City of Detroit has earned for him an enviable reputation in educational lines. Dr. McLean's military record also represents outstanding achievements. Dr. McLean was President of the Wayne County Medical Society and in 1920, was President of the Michigan State Medical Society. Dr. McLean has been a member of the Wayne County Medical Society since 1888, a period of forty-eight years, and was made an Honor Member, November 1, 1935.

*Dr. A. N. Collins* has been engaged in the active practice of medicine for fifty-one years. He was born in Jefferson County, New York, in 1861, graduated from the University of Michigan in 1885. He located in Detroit, in 1888, and was in continuous practice since that date until his recent retirement. Dr. Collins was President of the Wayne County Medical Society in 1911-12. He has been a member of the Wayne County Medical Society since 1888, a period of forty-eight years, and was made an Honor Member, December 6, 1935, in recognition of his long affiliation and service to the Society.

DR. HENDERSON (continuing): Mr. Chairman, I move the adoption of the resolution.

DR. F. T. ANDREWS (Kalamazoo-VanBuren): I second the motion.

The motion was voted upon and carried. (See page 761 for report of Reference Committee.)

### XI (2). RESOLUTION RE: QUALIFICATION FOR HOSPITAL STAFF MEMBERSHIP

Dr. Andrews read a prepared resolution.

WHEREAS, It has been the aim of the House of Delegates of the American Medical Society, to make each and every physician and surgeon on the staff of a recognized hospital, a member of his County Medical Society; and

WHEREAS, There are physicians on the staff of various hospitals in Michigan, who do not conform to this aim;

BE IT RESOLVED, That the Michigan State Medical Society order its officers and committees and component counties' officers and committee to refrain from recognizing or approving any hospital in which staff physicians are not members of their county society.

THE SPEAKER: This resolution will be referred to the Reference Committee on Resolutions.

The Chair recognizes Dr. Christian, of Ingham.

DR. L. G. CHRISTIAN (Ingham): The Ingham County Medical Society has instructed its delegates to see that the following resolution is presented concerning the Coroner Medical Examiner system:

### XI (3). RESOLUTION RE: MEDICAL EXAMINER SYSTEM IN MICHIGAN

WHEREAS, The Coroner System of Medico-Legal Investigation which is employed in Michigan at the present time has not been altered to meet new conditions and

WHEREAS, The cause of death, in many instances, is left to be determined by laymen who have had no training for this work,

WHEREAS, There is cause to believe that as a result of this, many cases of homicide go undiscovered and unpunished and,

WHEREAS, The Medical Examiner System has been in operation in New England for nearly seventy years and has proven itself effective and efficient, now

BE IT RESOLVED, That the House of Delegates of the Michigan State Medical Society go on record as recommending the adoption of the Medical Examiner System for the state of Michigan and,

BE IT FURTHER RESOLVED, That it request the Crime Commission to use its influence in forwarding legislation to bring this about.

THE SPEAKER: It is referred to the Reference Committee on Resolutions. (See page 761 for report of Reference Committee.)

### XI (1). RESOLUTION RE: EMERITUS MEMBERSHIP

DR. F. H. FERGUSON (Ionia-Montcalm): Gentlemen: The Ionia-Montcalm Medical Society submits the following resolution:

The Ionia-Montcalm Medical Society has the honor to recommend for Emeritus Membership, in the Michigan State Medical Society, Dr. F. A. Hargrave, of Palo, Michigan.

Dr. F. A. Hargrave was graduated from the University of Michigan, in the class of 1884, and has practiced in the village of Palo, Ionia County, Michigan, continuously since that time.

He has been president of the County Society, and has been an active member since its organization.

THE SPEAKER: It is referred to the Reference Committee on Resolutions. (See page 761 for report of Reference Committee.)

Dr. A. T. Hafford, of Calhoun, read his prepared resolution.

### XI (4). RESOLUTION RE: COMMITTEE ACTIVITIES

WHEREAS, it is now the policy of the Michigan State Medical Society that all committee activities be integrated through the Secretary at the Executive Office in Lansing and the Public Relations Committee, and

WHEREAS, the House of Delegates believes this policy has increased the activities and efficiency of our State organization,

BE IT RESOLVED, That all committees of the Michigan State Medical Society call their meetings through the Secretary and that either the Secretary or the Executive Secretary attend and cover such meetings and that all standing and special committees of the Michigan State Medical Society shall carry on their work and make their reports through the Secretary at the Executive Office in Lansing.

BE IT FURTHER RESOLVED, That all correspondence should be on the official stationery of the Michigan State Medical Society, bearing the address of the Executive Office, 2020 Old Tower, Lansing, Michigan.

Approved.

THE SPEAKER: It is referred to the Reference Committee on Resolutions. (See page 761 for report of Reference Committee.)

### XI (1). RESOLUTION RE: EMERITUS MEMBERSHIPS

Dr. R. G. COOK (Kalamazoo): The Kalamazoo Academy of Medicine has requested me to recommend the name of a man in our county for member emeritus, a Dr. G. M. Braden, of Scotts. Dr. Braden was a graduate of the University of Michigan, in 1883, has practiced medicine continuously in Kalamazoo County for fifty-two years, and has been a member of the Kalamazoo Academy of Medicine since 1889, forty-seven years.

THE SPEAKER: The resolution will be referred to the Reference Committee on Resolutions. (See page 761 for report of Reference Committee.)

DR. L. F. FOSTER (Bay):

"WHEREAS, Drs. J. W. Leininger and A. O. Boulton, of Gladwin, have fulfilled the requirements of retired membership in the Michigan State Medical Society, be it

"RESOLVED, That they be granted such membership."

THE SPEAKER: The resolution will be referred to the Reference Committee on Resolutions. (See page — for report of Reference Committee.)

DR. HOLMES: The Muskegon County Medical Society has asked me to submit the following resolution:

### XI (5). RESOLUTION RE: CRIPPLED CHILDREN COMMISSION

WHEREAS, The Crippled Children Commission, through its Executive Secretary, has arbitrarily dictated to physicians of this state in matters which, ethically, should be decided only by the doctor and his patient, and

WHEREAS, There is a system of solicitation of patients by paid employees of the Crippled Children Commission and its allied societies believed to be contrary to the ethics of the American Medical Association and its allied societies, be it

RESOLVED, That a committee be appointed from the House of Delegates to investigate the activities of this Commission and the members of the Michigan State Medical Society who are interested in these unethical procedures—this Committee to report promptly to the Executive Committee of the Michigan State Medical Society with recommendations.

THE SPEAKER: It will be referred to the Reference Committee on Resolutions. (See page 761 for report of Reference Committee.)

Dr. Dean W. Hart of Clinton read his prepared resolution.

### XI (6). RESOLUTION TO AMEND BY-LAWS RE: COMMITTEE ON ETHICS

WHEREAS, It is apparent that many malpractice suits could be avoided if a higher code of ethics were obtained among the medical profession, and

WHEREAS, Under Chapter Five (5), Section Three (3) of the By-Laws of the Michigan State Medical Society, the Council serves as the Board of Censors of the Society, and

WHEREAS, Because of the many duties and the infrequent meetings of the Council, it has been unable to devote any considerable amount of time to this phase of their work.

BE IT RESOLVED, That Chapter Six (6), Section One (1) be amended by adding subsection f. "Committee on Ethics."

BE IT FURTHER RESOLVED, That Chapter Six (6) be amended by adding Section Eight (8), which shall read as follows:

Committee on Ethics shall consist of five members appointed by the President and with the advice of the Council. It shall be the duty of this Committee to advise the Council concerning questions of ethics. It shall investigate all questions of ethical nature upon the request of individual councilors or component county societies. It shall report the results of such investigations to the Council for their final approval. It shall attempt to integrate the work of this Committee with the Medico-Legal Committee of the State Society. It shall assist County Societies in setting up schemes of integration between their Ethics and Medico-Legal Committees.

THE SPEAKER: It will be referred to the Reference Committee on Resolutions. (See page 760 for report of Reference Committee.)

### XI (7). RESOLUTION RE: STANDARDS FOR INTERNE TRAINING

DR. PHILIP RILEY (Jackson): I have the following resolution to offer:

"WHEREAS, The Council on Hospital Examination of the American Hospital Association requires an average of seventy-five patients per day in hospitals for approval for interne training, and

"WHEREAS, When such requirements are met with, three internes are allowed; and

"WHEREAS, Such requirements work an injustice on hospitals having between fifty and seventy-five patients, as below seventy-five patients they allow no internes and above seventy-five they allow three, therefore, be it

"RESOLVED, That the delegates to the American Medical Association from the Michigan State Medical Society introduce a suitable resolution to lower this standard for approval for interne training to fifty patients per day."

THE SPEAKER: It is referred to the Reference Committee on Resolutions. (See page 761 for report of Reference Committee.)

Are there any further resolutions?

DR. C. F. DEVRIES (Ingham): At the last meeting of the Ingham County Medical Society we were asked to submit the following resolution:

### XI (8). RESOLUTION RE: LECTURES BY PHYSICIANS ON SOCIAL HYGIENE

WHEREAS the normal existence and happiness of all human beings must be of necessity intimately related to and very largely dependent upon a normal biologic relationship, and,

Further, the greatest glory of intelligent humanity lies in the appreciation to the highest degree of its sex, and

WHEREAS during the period of adolescence much misguided and harmful information is often presented to the developing individual, either male or female, often resulting in permanent harmful injury leading to subsequent serious incompatibilities, selfishness, or even to marked perversions, and WHEREAS it is factual that venereal infection is the greatest scourge afflicting the human race today, and by some authorities not even excepting malignancy the source of greatest anguish and suffering to mankind, and

WHEREAS instruction in biologic principles and normal sexual relationship and behavior, the dangers of venereal disease and its spread is all too frequently left in the hands of the uninformed, the emotionally unstable, or the bigoted, and

WHEREAS we feel that any problem of public health must per se regard these principles as basically fundamental to the welfare of the individual and society, and

WHEREAS lectures on social hygiene have been given by members of the Ingham County Medical Society to the tenth grade high school students for four years, and the Board of Education of the City of Lansing was the first to institute such a series of lectures, and

WHEREAS superintendents, principals, assistant principals, and teachers are very enthusiastic to have these lectures continued under the guidance of physicians, and

WHEREAS the students are receiving authentic medical education and instruction which is being manifested on the student body as a whole, i.e., a decrease in the number of school pregnancies, a decrease in venereal infection, and a closer understanding with school advisors, and

WHEREAS outside agencies are interested in similar lectures, i.e., Parent-Teacher Associations, Business Women's organizations, Social Service, college students, and Sunday School organizations, and

WHEREAS only physicians are capable of presenting these lectures,

THEREFORE BE IT RESOLVED:

Firstly, that the Ingham County Medical Society recommend to The Michigan State Medical Society the endorsement and adoption of similar educational lectures by interested physicians in various cities, towns, and communities.

Secondly, that a committee from the Michigan State Medical Society be appointed to adopt a uniform outline of instructions and have such printed.

THE SPEAKER: It will be referred to the Reference Committee on Resolutions. (See page 761 for report of Reference Committee.)

### XI (9). COMMITTEE ON RESOLUTIONS RE: COÖPERATION FROM GOVERNMENTAL AGENCIES

The Chair recognizes Dr. Robb, of Wayne.

DR. ROBB: Mr. Speaker, I have been listening with a good deal of interest to the recitation of the coöperation that the governmental processes of this state have given to this Society, and I feel that before we leave the matter of resolutions we should develop, by a committee of this House, satisfactory resolutions commending the Governor and the administrative officers for their work in coöperating with the State Society. I know of no time in my experience in which they have so readily joined in such satisfactory and friendly coöperation, and I would ask that the House develop satisfactory resolutions to be sent to these officers of the state.

THE SPEAKER: Would you offer that as a motion, Dr. Robb?

DR. ROBB: As a motion.

THE SPEAKER: That a committee be appointed?

DR. ROBB: Yes, a committee of three appointed by the Speaker.

DR. CHRISTIAN: I second the motion.

THE SPEAKER: Motion has been made that a committee of three be appointed by the Speaker to draw up resolution concerning the remarks which Dr. Robb just made. The Chair would ask Dr. Robb to serve as Chairman of that Committee, Dr. Christian, and Dr. Curry.

The motion was voted upon and carried.

(See page 762 for report of Committee.)

THE SPEAKER: Are there any other resolutions or new business to come before this session?

Dr. I. W. Greene, of Shiawassee, read his prepared resolution.

### XI (10). RESOLUTION TO AMEND BY-LAWS RE: PUBLIC RELATIONS COMMITTEE

WHEREAS, In the past the medical profession has been negligent in studying the relations between the profession and the public, and

WHEREAS, In the last year the special committee, known as the "Public Relations Committee" has served most effectively,

BE IT RESOLVED, That Chapter six (6), Section 1, of the By-Laws of the Michigan State Medical Society be amended by adding a further sub-section, "Public Relations Committee."

BE IT FURTHER RESOLVED, That Chapter six (6) be amended by adding a further section which shall read as follows:

The Committee of Public Relations shall consist of nine members appointed by the President with the advice of the Council. It shall be the duty of this committee (a) To integrate and publicize all approved plans and projects emanating from the Council, Executive Committee and other standing and special committees of the Michigan State Medical Society. (b) To consider all plans and projects and make suggestions and recommendations to improving or changing such plans for integration and publicizing. (c) To develop further plans for better Physician-Public contacts.

THE SPEAKER: This will be referred to the Reference Committee on Constitution and By-Laws. (See page 760 for report of Reference Committee.)

Are there any more resolutions? Is there any new business? If not, we will proceed with the next order of business, the reports of Reference Committees.

## XII. REPORTS OF REFERENCE COMMITTEES

### XII (2) OFFICERS REPORTS

DR. CURRY: Our Committee has not had an opportunity to meet and I should like to have the privilege of making this report tomorrow morning.

### XII (1). THE REFERENCE COMMITTEE ON REPORTS OF STANDING COMMITTEES

DR. FOSTER: The Committee on Standing Committee Reports has been broken up into four subcommittees, and whether or not they are ready to report I cannot say. Dr. Andrews was handling the report of the Legislative Committee.

### LEGISLATIVE COMMITTEE [IX (1)]

DR. ANDREWS: We have not had an opportunity to convene and we are not ready to report. We shall bring in a report tomorrow morning.

### COMMITTEE ON MEDICAL ECONOMICS [IX (3)]

DR. FOSTER: Dr. Catherwood, with the Committee on Economics, is in session now.

**JOINT COMMITTEE ON PUBLIC HEALTH EDUCATION [IX (2)]**

Dr. Dean Hart as the State Society's Representatives to the Joint Committee on Public Health Education.

DR. DEAN W. HART (Clinton): This committee has met and feels that the reports show a great deal of work by the Committees, and we wish to commend them on their work.

DR. FOSTER: Mr. Speaker, I move that the report of the Committee be accepted and approved.

DR. ANDREWS: I second the motion.

The motion was voted upon and carried.

DR. FOSTER: Dr. Spalding.

**CANCER COMMITTEE [IX (4)]**

DR. E. D. SPALDING (Wayne): I have two brief reports from the sub-committee reporting on the report of the Cancer Committee:

The general work of the Cancer Committee is to be commended, especially its intensive program of Cancer Education, with a series of lectures in various communities throughout the State for which lantern slides have been provided and Cancer booklets issued. These lecture series have been intensively organized.

Approval should be given of the action of the Cancer Committee in closely allying itself with the Joint Committee on Public Health Education, both having aims in common and the latter having wide facilities for the organizing and carrying out of the educational phases of the Cancer Committee's work.

The report as a whole should be accepted and approved.

DR. FOSTER: I move that the report of the Reference Committee on the Report of the Cancer Committee be adopted.

DR. WM. J. STAPLETON (Wayne): I second the motion.

The motion was voted upon and carried.

**COMMITTEE ON PREVENTIVE MEDICINE [IX (5)]**

DR. SPALDING (continuing): Second is the report on the Report of the Committee on Preventive Medicine:

The active work of the Committee with its three meetings in different parts of the State should be commended. Five of the six specific recommendations of this Committee should be approved, namely

A. Program for Child Health and Maternal Welfare by the State Health Department with the cooperation of the various County Societies, each County appointing an advisory committee of three to act in connection with the work in that county.

B. Formation of *County Health Units* to act locally purely in a directive and educational capacity, Federal Funds being available for such work.

C. Recommendation to the State Health Department that a Bureau of Tuberculosis be formed with the program of case finding, hospitalization and follow up care as outlined in detail in the Committee's report of a year ago.

E. Recommending that each county society have at least one monthly program a year on Preventive Medicine.

F. Also recommending that one day's program of each regional conference be devoted to Preventive Medicine.

*A, B* and *E* can be incorporated in a round letter to the Secretary of the County Societies urging and outlining these respective items. *C* could be referred to the State Health Department and *F* to the Chairman of the Regional Conferences.

D. Regarding the request by the Red Cross for the approval of the establishment of First Aid Stations along trunk automobile routes with the training of local personnel in such measures. It is felt that such stations should be established in outlying districts where immediate medical aid is not available, but not in close proximity to centers of population where such emergencies can properly be cared for in regular channels. The various County Societies through their secretaries should be urged to coöperate and further this movement but should supervise the activities of such stations and have a definite voice in determining what points are appropriate for their establishment. It is distinctly understood that services rendered in such stations be in the nature of First Aid only.

With the specific modifications of Section D the report as a whole should be accepted and approved.

DR. FOSTER: Mr. Speaker, I move that the report of the Reference Committee relative to the Preventive Medicine Committee's report be adopted.

DR. CARL F. SNAPP (Kent): I second the motion.

DR. R. A. SPRINGER (St. Joseph): I would just like to ask a question. Personally I am not in favor of making doctors out of gasoline station attendants. Maybe I have the wrong idea about it. Our Society voted down the proposition of the Red Cross and I would like to have a discussion of this point.

THE SPEAKER: Is there any further discussion?

DR. A. V. WENGER (Kent): Is this report to be referred to a Committee?

THE SPEAKER: It has been referred and it is now back under the reports of Reference Committees. These are some sub-committees.

There is a motion before the House that is still open for discussion.

DR. CHRISTIAN: Dr. Springer just asked me to report that Ingham County Medical Society voted this down many months ago.

DR. GEIB: This proposition of the Red Cross was considered by the Preventive Medicine Committee and the suggestion was made by the Red Cross that at certain places stations to take care of accidents be established. The Preventive Medicine Committee felt that probably in certain districts in the northern part of the state, where it is sparsely settled, there might be a need, and the suggestion was that each local County Society be the one to determine whether or not they wanted such a set-up, and if in a certain county it is thought that it isn't necessary or needed, they do not have to comply with it. In other places it might be highly desirable. If it is it should be, as stated in the recommendations read by Dr. Spalding, under the supervision of organized medicine.

DR. A. G. SHEETS (Eaton): This matter came up in Eaton County some time ago and was disposed of in the manner that we thought it should be. It was voted down. We have no need for it in our county.

DR. SPRINGER: I move that that idea be incorporated into the resolution of the Committee, that the matter be left up to each Society as a whole.

THE SPEAKER: Then you will have to amend the motion.

DR. K. M. BRYAN (Manistee): This matter of the Red Cross was taken up in our county and first dismissed, and then, because of so much urging from our Social Welfare Department, we again took it up. Up in our county there are areas of twenty to thirty miles where there is no physician or nurse available, and they felt that many times a serious result from an accident could be avoided by the proper handling of a case. I know of a case of a man who was dead when he was admitted to our hospital, about a year ago, whom I think could have been saved had he been handled properly on the way in.

We took it up again and the physicians of our Society are instructing these people in these methods, and it is under the supervision of our Medical Society.

I might tell you also that I was down in Ohio last month and in Ohio they have these stations apparently all over the state.

DR. SPRINGER: I would like to have an amendment to the motion as quoted a minute ago.

THE SPEAKER: Do you offer the amendment?

DR. SPRINGER: I offer an amendment to the resolution stating that each county can or can not have the Red Cross stations, according to its own discretion.

DR. CHRISTIAN: I second the motion.

The amendment was voted upon and carried.

The motion as amended was voted upon and carried.

THE SPEAKER: Is there any other business or are there any further resolutions to come before this session?

## XIII. MESSAGE TO DR. B. R. CORBUS

DR. LUCE: The absence of a man who has been long identified with the Michigan State Medical Society, who has given much of his time and energy, is recognized today. I would move that the Speaker of the House of Delegates send a telegram of regret at his absence and hopes for his recovery. Dr. B. R. Corbus, of Grand Rapids. (Applause)

The motion was severally seconded.

THE SPEAKER: The Chair believes there need be no discussion. All those in favor of the motion will say "Aye." Opposed, "No." The motion is carried. Mr. Secretary, you will so do.

Are there any other Reference Committees to report?

## XIV. RESOLUTIONS ON DEATH OF DR. CARL F. MOLL

DR. GREENE: During the last year the Michigan State Medical Society suffered the loss of a man who had been a very valuable member, a man who had been President of our Society, and I feel it fitting that a committee be appointed to draw up suitable resolutions in regard to the death of Dr. Carl F. Moll, of Flint.

DR. CHESTER: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The Chair will appoint a committee of three, Dr. Greene as Chairman, Dr. Chester, and Dr. Wenger.

Are there any further reports from Reference Committees?

### XII (3). REFERENCE COMMITTEE ON REPORT OF THE COUNCIL

The Chair will recognize Dr. Insley, Chairman of the Reference Committee on the report of The Council.

DR. S. W. INSLEY (Wayne): Fully appreciating the many fine things accomplished by The Council, such as the Filter System arrangement, integration, Public Relations Committee, and especially the fine contact work with the state administration, your Reference Committee on the Council Report approves the record of the year's work and, since the various activities are being reported by the many unit committees, we feel that the main function of this Committee is to make the following suggestions:

First, that the Council, because of increased actvities, should meet oftener than at present.

Secondly, State Night meetings should be scheduled so as to relieve the burden on the Councilors.

Your Committee begs to move the acceptance and adoption of this report.

DR. W. J. CASSIDY (Wayne): I second the motion.

The motion was voted upon and carried.

THE SPEAKER: Are there any further reports from Reference Committees? If not, the Chair will entertain a motion to recess.

DR. SPRINGER: I so move.

DR. CHRISTIAN: I second the motion.

THE SPEAKER: I would remind you that no business, without the entire consent of the House, may be brought up in the session as new business tomorrow.

The motion to recess was voted upon and carried, and the meeting recessed at 4:10 o'clock.

## Tuesday Morning Session

***September 22, 1936***

The meeting convened at 9:15 o'clock, Dr. Frank Reeder, Speaker of the House of Delegates, presiding.

THE SPEAKER: The third and last session of the House of Delegates will please come to order.

THE SECRETARY: Mr. Speaker, I hold fifty-six signed roll call slips, which constitute a quorum for this, the third session of the House of Delegates. If some member will move the adoption of the roll call we shall proceed.

DR. F. T. ANDREWS (Kalamazoo): I so move.

DR. DEAN W. MYERS (Washtenaw): I second the motion.

The motion was voted upon and carried.

## XV. TRANSFER OF HILLSDALE COUNTY FROM SECOND TO THIRD COUNCILOR DISTRICT

DR. H. A. LUCE (Wayne): At the last meeting at the Soo there was a certain matter unfinished in connection with Hillsdale's request to become a part of the Third Councilor District. The only way in which that can be referred to this morning will be by unanimous consent of this House. Mr. Speaker, I request that this House grant the request of the delegate from Hillsdale.

DR. L. G. CHRISTIAN (Ingham): I second the motion.

The motion was voted upon and unanimously carried.

THE SPEAKER: Will the delegate from Hillsdale, or that district, please present his case before the House?

DR. R. L. WADE (Branch): The delegate from Hillsdale appears to be absent this morning. There was a request by Hillsdale to become a member of the Third District, and this was taken up last year but was left over to be settled at this time, and it would be very agreeable with Hillsdale and the Third District for them to become a member of the counties of Branch, Calhoun, and St. Joe. I move that this permission be granted to Hillsdale County.

DR. CHRISTIAN: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The Chair will entertain a motion to revert to the regular order of business.

DR. JOHN L. CHESTER (Wayne): I so move.

DR. W. J. CASSIDY (Wayne): I second the motion.

The motion was voted upon and carried.

## XVI. ANNOUNCEMENT RE: THE 122 EXHIBITS, AND INVITATIONAL GOLF

THE SPEAKER: I desire to announce, before we go on with our routine of business, that it is very important, after you have finished this session—your officers would so request—that you spend some little time at least in acknowledging and visiting the seventy-two technical exhibits. I would like you to know that they are carrying a good part of this burden and we would like for you, as delegates, to show your appreciation to these technical exhibitors and their exhibits. We feel sure you will inspect the 50 scientific exhibits.

I also want to call to your attention that this afternoon, invitational golf at Detroit Golf Club has been arranged for members of the State Society, and the Wayne County Committee has taken much time to arrange this party. Some very beautiful and splendid prizes to be awarded this afternoon. It doesn't mean that you have to be a good golfer; the dub will stand just as much chance of winning a prize as the good golfer.

We shall now proceed with the regular routine of business. I shall ask for a supplementary report from the Council, if any.

DR. HENRY COOK (Genesee): Mr. Speaker, there have been no matters referred to the Council for consideration, and our previous report completed the business transacted by the Council.

THE SPEAKER: I shall ask for supplementary reports from Reference Committees.

The first will be the report of the Reference Committee on Council Reports.

DR. INSLEY: No further report has come to the Reference Committee and we therefore have no further report to make at the present time.

THE SPEAKER: I shall ask for the Reference Committee's report on the Reports of Officers. Dr. Curry!

### XII (2). REFERENCE COMMITTEE REPORT ON OFFICERS' REPORTS

DR. G. J. CURRY: Your Reference Committee on Officers' Reports met September 21, 1936, with Doctors Hansen, Clinton, Snapp, Toshach and Curry present, and Dr. O'Donnell absent.

#### SPEAKER'S ADDRESS (III)

Report on Speaker's Address: We accept unanimously and adopt our Speaker's Address, commending especially his suggestion of closer contact between delegates and their local societies, particularly with reference to the affairs of the state organization, and his pertinent remarks concerning the election of delegates at an early date so that they may be better acquainted with their local county problems. We also suggest that each member of the House of Delegates obtain and read a copy of the poem "A Builder" before returning to the next session.

Mr. Speaker, I move the adoption of this report.

DR. LUCE: I second the motion.

The motion was voted upon and carried.

#### PRESIDENT'S ADDRESS (IV)

DR. CURRY: The President's Address: We unanimously extend our compliments to Dr. Grover C. Penberthy and accept and approve the contents of his address in its entirety.

I move the acceptance of that report.

DR. CASSIDY: I second the motion.

The motion was voted upon and carried.

#### PRESIDENT-ELECT'S ADDRESS (V)

DR. CURRY: The address of the President-Elect: We accept and approve Dr. Henry E. Perry's address, especially his endorsement of the post-payment plan for borderline medical cases, and recommend that such plan or plans be referred to the Economics Committee for further study and early report.

I move the adoption of that report.

DR. PLAGGEMEYER: I second the motion.

The motion was voted upon and carried.

#### DELEGATES TO A. M. A. (VII)

DR. CURRY: The report of the delegates to the American Medical Association, Dr. J. D. Brook: We extend our hearty thanks for this excellent summary of the transactions at the 1936 meeting of the American Medical Association.

I move the adoption of this report, Mr. Speaker.

DR. CHESTER: I second the motion.

The motion was voted upon and carried.

DR. CURRY: I now move the adoption of this report as a whole.

DR. WESSINGER: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The next order of business is the report of the Reference Committee on Standing Committees.

### XII (1). THE REFERENCE COMMITTEE ON REPORTS OF STANDING COMMITTEES

DR. FOSTER: The report of the Legislative Committee will be given by Dr. F. T. Andrews, of Kalamazoo.

#### LEGISLATIVE COMMITTEE [IX (1)]

We, the undersigned Committee, recommend the acceptance and adoption of the Legislative Committee's Report in its entirety, excepting that Section Three shall read as follows:

"3. Request county medical societies to quietly obtain information on candidates and supply same immediately upon request to the Executive Office of the M.S.M.S., also a copy shall be retained in the file of the County Medical Society."

We commend the Committee for their intensive study of this problem and thank them for their efforts.

F. T. ANDREWS, Kalamazoo, *Chairman*
E. A. STICKLEY, Ottawa
O. D. STRYKER, Newaygo

DR. ANDREWS (continuing): I move the acceptance and adoption of this section.

DR. O. D. STRYKER (Newaygo): I second the motion.

The motion was voted upon and carried.

DR. ANDREWS: I move that this report be accepted and adopted in its entirety.

DR. CHESTER: I second the motion.

The motion was voted upon and carried.

#### MEDICO-LEGAL STUDY COMMITTEE [X (8)]

We, the undersigned Committee, recommend the acceptance and adoption of the report of the Special Committee to Survey the Medico-Legal Defense Fund in its entirety, excepting that Section Three shall read as follows:

"3. That no fee shall be paid to the attorney of this fund. If in the defense of a case should he be retained by and represent a commercial company."

We commend the Committee for their intensive study of this problem and thank them for their efforts.

F. T. ANDREWS, Kalamazoo, *Chairman*
E. A. STICKLEY, Ottawa
O. D. STRYKER, Newaygo

DR. ANDREWS: I move the adoption of this section.

DR. STRYKER: I second the motion.

The motion was voted upon and carried.

DR. ANDREWS: Mr. Speaker, I move the

adoption and acceptance of this report as amended.

DR. STRYKER: I second the motion.

The motion was voted upon and carried.

DR. FOSTER: The other Standing Committee's report still to be heard is that of the Economics Committee, to be reported upon by Dr. Catherwood.

**COMMITTEE ON MEDICAL ECONOMICS [IX (3)]**

DR. CATHERWOOD: Your Sub-Committee on Reports of the Standing Committees met all afternoon yesterday. There are several sections to this report.

**SUBCOMMITTEE ON INDUSTRIAL MEDICINE [IX (3b)]**

The Report on Industrial Medicine: We advise acceptance of this report. In the report there was a resolution, as follows:

WHEREAS, It is conceded that an analytical evaluation of all phases of Industrial Medicine would be to the best interests of all concerned, and

WHEREAS, The problem is one nation-wide in scope, therefore, be it,

RESOLVED, That the Michigan State Medical Society instruct its delegates to the A.M.A. to introduce, at the next meeting of the House of Delegates, a resolution embodying the essential facts involved, requesting the A.M.A. to proceed at once, with a nation-wide survey.

DR. CATHERWOOD: I move that this resolution of the Industrial Medicine Section be adopted.

DR. LUCE: I second the motion.

THE SPEAKER: Is there discussion?

DR. CASSIDY: I don't see how you can put this off on the shoulders of the American Medical Association. Each state is operating under a compensation law peculiar to that state. I don't see why the State of Michigan should try to put this on the American Medical Association. Let the State Society settle its own things within its own state. The compensation laws of Michigan are on an entirely different basis from the compensation laws of Ohio, New York, Minnesota, and the other various states. How is the American Medical Association going to correlate and adjust this thing when each state regulates its own compensation laws? It seems to me that it is up to us in this state to regulate the laws and the practices of the profession in this state.

Let's not pass the buck, but handle it where it belongs, locally. We are all howling about national government in business and the national government assuming states' rights. The same thing is going to take place in the American Medical Association unless you are careful. Let each state handle its own problem within its own state consistent with its own laws.

Thank you.

THE SPEAKER: Is there further discussion?

DR. LUCE: Mr. Speaker, I agree entirely with Dr. Cassidy with regard to the matter, but in a conversation with the subcommittee of the Committee that introduced the resolution the fact came out that this is a matter of study and evaluation of the interests of the respective parties concerned. It does not require a recommendation. We are all frank to admit that the insurance people have certain rights. The employee has his rights; the manufacturer has rights and the doctor has rights. The medical profession has always been fair, and this can only be arrived at in a fair and honest way by a careful study and evaluation of the basic principles underlying this line of treatment.

THE SPEAKER: Is there any further discussion?

DR. PINO: We have given all of these points considerable thought. We know that it would be better, if possible, to settle this matter for Michigan in Michigan. We know, however, that in Michigan there is not enough money—I mean so far as the Economics Committee is concerned—to be able to bring in any report that is of value to this House of Delegates.

Now, if this House of Delegates wants to set aside several thousands of dollars for a proper study, so that we can name a commission and give to that commission an executive secretary to study this problem adequately, then we can do this as the State of Michigan. That is the only way it can be done. We had no other alternative except to submit the afore-mentioned resolution.

The motion was voted upon and unanimously carried.

**SUBCOMMITTEES ON POST-GRADUATE COURSES FOR GENERAL PRACTITIONERS [IX (3a)], and ON INSURANCE EXAMINATIONS [IX (3e)]**

DR. CATHERWOOD: The Committee has considered the reports on Postgraduate Medicine, and on Insurance Examinations, and approves them, and I move their adoption.

DR. A. P. BIDDLE (Wayne): I second the motion.

The motion was voted upon and carried.

DR. CATHERWOOD: One other sub-committee, that on Relief Medicine:

**SUBCOMMITTEE ON RELIEF MEDICINE [IX (3d)]**

After careful consideration of the report of the subcommittee on Relief Medicine of the Economics Committee we advise acceptance and adoption of the report. We suggest further that this proposal be carried forward in coöperation with the allied professional groups, such as pharmacists, nurses, dentists, hospital associations and morticians.

I move the acceptance of this report.

DR. L. J. HIRSCHMAN (Wayne): I second the motion.

DR. GREENE: It seems to me that this is a subject which needs further discussion by the House of Delegates, more than merely accepting this report. I have attended some of the committee meetings of this sub-section; I have listened to the report and I still don't know the arguments pro and con.

Apparently it comes down to this: Do we want a centralized form of control with a medical coordinator in Lansing or do we want local control? Apparently this is not entirely clear in everyone's mind. There are undoubtedly arguments on both sides. I believe the sub-committee itself is not entirely in accord on this report. I believe that the Economics Committee is not entirely in accord on this. It is quite possible that in some counties a medical coördinator in Lansing would work to a greater advantage; in other counties your local control would work better.

I think that both Dr. Insley and Dr. Pino and the other members of the Committee should tell us more about this situation. I think there has been a little tendency in this meeting of the House of Delegates to pass over the reports of committees too lightly, without perhaps entirely understanding what we are voting on, and I would like a further elaboration of this question before I make up my mind how I stand. (Applause)

THE SPEAKER: Is there further discussion on this?

DR. PINO: Mr. Speaker, we have been a year considering this problem after it was given to us last year at the Soo meeting. There are a great many things that we have had to think over and it is not easy at all to condense into any short report all of the subject material that is bound to come up in considering so important a matter as this, and it is going to take just a little time this morning for us to lay before you some of the things that we have thought about, and I want to

be given that time, and we will make it as short as possible.

I first want to read to you a minority report that was just handed to me from the Sub-Committee on Relief Medicine:

*Minority Report—Subcommittee on Relief Medicine*

To the Economics Committee of the Michigan State Medical Society:

Believing that the entire feeling of the question of Relief Medicine has not been covered by the report of the Sub-Committee on Relief Medicine, I beg to submit the following minority report:

1. The State Administration, of whatever party it may be, will not spend millions on relief without definite state control.

2. In any type of centralized medical control the organized profession in Michigan should have a voice in the shaping of policies, and a hand in the problems of administration.

3. This society has, through its representatives, initiated, and implied approval of a concerted effort on the part of all the large groups on this problem. These other groups, but one, have already officially approved the tentative plans submitted by this Society, and that other is waiting for final approval from this body. Such plan includes free choice, adequate payment, civil service for administrative personnel and control of professional standards by the profession involved. This plan, which has been submitted in writing to, and regularly approved by, all but one of these groups (and tacitly approved by that one) except our own, will have greater political weight than any plan backed only by the Michigan State Medical Society.

4. Adequate representation on any state administrative body does not deny or negate any or all local or district regulations as outlined in the majority report, but rather affirms, coördinates and assures their ultimate performance.

5. This Society is committed to the principles of integration, the filter system and a closer knit state organization. It has approved a medical coördinator at its Sault Ste. Marie session. Any system of medical relief which gives the State Society neither direction nor control negatives such principles. Due allowance for regional differences strengthens, rather than weakens, the position of the State Society.

6. This Society is unalterably opposed to State Medicine. Only by definite control or direction of the medical policies of the State Administration by this Society can the encroachment of the lay worker be prevented and forestalled. The above mentioned program insures this control or direction to the State Society.

7. Experience in other states indicates that the principles outlined above are not inimical to the public weal and that they can be embodied in the statutes.

Because of these facts, it is my conviction that the Economics Committee should in its report to the House of Delegates urge adoption of the plan which has been submitted to and approved by the allied health groups, a copy of which is herewith attached.

ERNEST W. BAUER
Member Sub-Committee on Relief Medicine

DR. PINO (continuing): Now, in order that you may understand something of the logic that we have had to follow, I want to take up some of these things. In the first place, last year the report that was submitted to the House of Delegates was in part as follows. I would be willing to read it all, but this is the only part that you will be particularly interested in as relating to this report this year:

"The administration of medical relief should be directed through a state-wide organization. This organization should be a division of a general relief agency with the administrative aid of a Medical Director. A welfare agency should also have a professional advisory board composed of physicians, dentists, pharmacists, nurses and hospital executives. The moneys for medical relief should be furnished through state finances aided where possible from county sources and subsidized, if necessary, by federal contributions.

"A competent representation or committee of the Michigan State Medical Society should be appointed immediately and empowered to confer and advise with the appropriate welfare officials so as to work out the proper administrative technical and distributive machineries of these medical suggestions and recommendations."

That report is signed by Drs. Stanley W. Insley, Chairman; Harold A. Miller, T. K. Gruber, and V. M. Moore.

Now, going down a little bit further, in order that you may hear a little of the discussion Dr. Marshall, as Chairman of the Committee, made these remarks:

"Your Committee approves of the report of the subcommittee, but we do desire a full discussion of the following points:

"1. Is the budget as presented acceptable as a tentative schedule?

"2. What shall the method of administration be? Is the plan of the sub-committee entirely acceptable? That is, administration by the present welfare board, or would a separate administrative agency be more desirable, or should administration by a Deputy Administrator of Health, under the State Department of Health, be considered?

"Shall we recommend a uniform plan of medical relief in the state? Our study in ten counties leads us to the conclusion that administration by uniform method throughout the state is highly advisable. We further recommend that a medical man be placed in charge of such a program. Such a physician should have the point of view of the profession. He should see eye to eye with medical men in the problems of administration of medical relief."

Now I want to turn over to the report of the Reference Committee and read you its report. It is the report of the Reference Committee, Dr. Sladek, Chairman:

"Your Committee concurs with the recommendations of the sub-committee report and feels with them that the administration of medical welfare relief should be in the hands of a special relief organization such as the State Welfare Department. Medical relief should be administered by a qualified Medical Director and in such a manner as to not in any way infringe upon the personal physician-patient relationship."

Then this was submitted to a vote, and these are the remarks of the Speaker:

"Is there any further discussion? Those in favor of that portion of the report and its acceptance and adoption say 'Aye.' Opposed, 'No.' It is carried."

When the Economics Committee is given a certain job we have certainly some respect and consideration to be given to the House of Delegates that gave us that job, and we have had to consider these things. I am simply carrying you along as we have had to see and consider these things.

(Lantern Slide) Last year the *Detroit News* carried an article, including this outline: "How Welfare Bill Would Re-organize Michigan's Institutional Control," showing down through the various divisions that would be cared for, except one having to do with welfare throughout the state.

(Lantern Slide) I want to show you what has been proposed to fit into that other picture, one in which there is a Medical Director who shall, in cooperation with the dental division, with hospitals, with pharmacy, with nursing, with the mortuary division, the statistical division, and so on, be able to have medicine represented.

When I come, then, to the point of saying that I do believe that it might be better to have an administrator of some of these things appointed by the medical profession, it is for a reason. When we learn that in the counties of the State of Michigan —I haven't these figures just right but they are something on this order; I could get them—medical care for an indigent individual ranges from $2 to 5c. When one county is spending $2 for the care of the indigent sick and another is spending five cents, knowing the cost of medical care you may be certain that in some of the townships and counties of the State of Michigan rather poor medical care is being given. We feel that we can, as a medical profession, criticize other things in life. We say that the election of judges, instead of the appointment of judges, is not a good thing. We look at the legal profession and think that they should somehow do some things different from the way they are doing them.

Now I want to refer to Oakland County and what they have done, as one example. We have close at hand, as a part of Detroit except that it is in Oakland County, Hazel Park, a village (I say village because it is not incorporated) of 16,000 people or thereabouts. During the depression house after house was empty, house after house had no doors, windows were broken out, and people came along with what little they had in a baby carriage or a wheelbarrow or an old Model T and went into any house and lived, wherever a door happened to be broken down and where nobody lived, and in that community there was a family doctor, and because of the set-up that works in Oakland County those people could call the doctor and the doctor was paid.

If you want the details of the way they do that in Oakland County you can have those details. They are open and above board. I do not know but what as good a system exists in Jackson and in other counties, in Flint and in Grand Rapids. It does not exist in Wayne, and it does not exist in many counties. I use Oakland instead of Genesee and Jackson because they have all the figures there, definitely set up, and they can not be contradicted, and you can inspect them at any time.

I want to say this: Pain, plus propaganda, is Spain today. Pain plus propaganda is causing almost a revolution in France. Pain plus propaganda brought Russia to where Russia is today. It takes but a little pain and no reason at all to cause people to become radical.

I refer you back to the Committee's report and the action of the House of Delegates last year at the Soo, and I advise, as Chairman of the Economics Committee of the Michigan State Medical Society, that you consider your action carefully last year and act upon it, or that you put aside this report, turn it over to The Council, and let it bring in a report later. (Applause)

THE SPEAKER: Is there any further discussion?

DR. FREDERICK A. BAKER (Oakland): Mr. Chairman, Ladies and Gentlemen of the House of Delegates: I would like to discuss this thing a little bit and repeat some of the points that already have been called to your attention.

The sub-committee's report on Relief Medicine which offers the principles which are to be included in a proposed revision of medical legislation contemplates a change in the basic laws regarding poor relief. This sub-committee report, I want to point out, has never been presented to the Committee on Economics. Why? I do not know. I do want to commend the sub-committee, however, on the report presented, so far as it has gone. However, I do not believe it has gone far enough, and in any set-up it seems to me there should always be some control above. It is simply a business proposition. If you and I were setting up a business we certainly would conduct that business with some responsible head to tell those who are operating it below us what general principles they must follow.

I am rather concerned that the sub-committee should present such a program as it has presented on simply a county line. This is nothing more, gentlemen, than a county program. There is no control over the counties. I think Dr. Pino has rather graphically pointed out to you what it might involve, what might follow. I don't think, personally, that we should have a much different organization from what we have today in the several counties without control above. I wonder what would happen in Wayne County.

I also want to point this out: I sat in with the sub-committee listening to its discussions. The committee was in accord in all respects except on this one point: Shall there be any control from above in the matter of supervision over the several counties?

I gained the impression, gentlemen, that this sub-committee was being dominated entirely by Dr. Insley. I admire Dr. Insley a great deal. I want to compliment Dr. Insley on the amount of work, the time and the care that he has devoted to this work. But I don't believe that there has been a meeting of minds, gentlemen, in that committee.

Dr. Pino referred us to the action of the House of Delegates last year. I want to refer you to your handbook, on pages 68 and 69, Item No. 2 under SERA Medical Care:

"Your Committee discussed this subject and studied efforts of various county and state medical societies to devise plans to provide medical care to unemployed and employed on relief and WPA. A sub-committee contacted the SERA Administrator in Lansing on two occasions to discuss the essential features of certain successful programs already in operation, and to stress the necessity of a medical adviser to act as coördinator of statewide ERA medical activities."

On the following page, 69:

"The House of Delegates of the Michigan State Medical Society recommend to the SERA that a medical adviser be employed to coördinate the ERA medical activities of the State, and that the Michigan State Medical Society offer its help to obtain the best doctor of medicine available for this work.—Respectfully submitted, Special Contact Committee to Governmental Agencies by Henry Cook, M. D., Chairman, B. R. Corbus, M.D., H. H. Cummings, M.D., L. Fernald Foster, M.D., T. K. Gruber, M.D., C. R. Keyport, M.D., Grover C. Penberthy, M.D., R. H. Pino, M.D."

I submit that to you. I should like to have Dr. Insley discuss it.

THE SPEAKER: Is there further discussion?

DR. CASSIDY: Mr. Chairman, it seems to me we have lost sight of the basic principles in this connection.

It seems that this Society should do something concrete besides study. It should act—get a decent basic policy on the average practice of medicine in this state and drive it through. There is no use studying this thing all the time, or studying what the other states are doing. We are not interested in what California is doing 3,000 miles away. We are interested in how the medical profession is earning its living and how they are practicing medicine in the State of Michigan, and the sooner we realize that, instead of running all over the world, to England, Germany, and Russia, studying their problems, the better off we will be. We are wasting time and money, and it isn't going to take $3,000 to tell the average individual what kind of medicine to practice. It takes a little common horse sense and intestinal fortitude, that is all it needs, and I think it is high time that this Society go on record to do something and not to study all the time and report and report and report, which reports are only filed and refiled.

THE SPEAKER: Is there further discussion?

DR. CHRISTIAN: I know nothing about this problem, but it seems to me that the House of Delegates is setting a bad example, a bad precedent, to adopt a sub-committee report that has not been submitted to the parent committee. In other words, we are going to allow it to go out of bounds. I object to this on that basis alone. I am not familiar enough with the debate to say whether the sub-committee is right or wrong, but I feel that it was the duty of that sub-committee to report to the Committee on Economics, and have that Economics Committee thrash this out.

Dr. Pino, will you correct me if I am wrong? Have you had a chance to go over this with your Committee?

DR. PINO: There has been no chance.

DR. CHRISTIAN: Then I object to it and I believe we are going out of bounds by even considering it, and it should be killed now.

THE SPEAKER: Is there further discussion? If not, are you ready for the question?

DR. INSLEY: Mr. Chairman, Members of the House of Delegates, and Guests: I will attempt to make this talk as practical and short as possible. I will try to take up some of the arguments, one by one, as they occur to me.

First, concerning this report of last year. At that time, if you gentlemen recollect, the ERA was still in effect. The recommendations which were made at that time and which were adopted by the House of Delegates were referred to the ERA because that was the organization in which rested relief care at that time. Those were made as suggestions. A committee was appointed to contact the SERA in an endeavor to complete the program, and until the present time the State Emergency Relief Commission has done nothing about it. Whether that is an argument for or against state control I will leave for your own minds to decide.

Now then, getting into the report itself. As Dr. Baker pointed out, I think everyone was thoroughly in agreement with every single one of the principles laid down in the report yesterday. The sharp difference of opinion concerned state or local. It occurred to me that local control might be best. I can't understand some of the sharpshooting at this thing on the basis of a difference of opinion over state or local control. The first paragraph says, if it is read and followed carefully, that "The following principles are to be included in any proposed revision." There is nothing there with which anybody, I think, can find fault. Whether there may have to be a few additional steps, that may well be, but are we to put ourselves out on a limb and ask for state supervision before, possibly, the time is absolutely necessary?

I would like to read a couple or three of these principles:

"1. Welfare officials in the local district or county shall provide medical care for sick persons whenever necessary, providing they are on direct relief." I don't think there is a man in this House who would object to that—"on direct relief."

"2. Such persons in need of health care shall be attended by and receive such care from their own family physician or physician of their own choice in so far as practical." Again I think there is not one man in this House who would be in any disagreement with that.

"3. Payment for approved services shall be made in accordance with a scale of fees agreed upon in advance by local welfare officials and representatives of the medical profession."

Now then we get into a factor here, and it is a combination of the present Advisory Board, if you will, under the ERA, and the present Medical Filter Board, as has been worked out in the past year, in which we say:

"There shall be created in each local district or county welfare unit a Medical Advisory and Filter Board composed of representatives from the organized medical associations. Members of this Board shall serve without pay or compensation."

That was put in there because I feel, and I think many of the men here do, that after all, doctors should have some voice in medical policies, medical discipline, if you will, and the determination of medical necessity.

Then, to further integrate this program, that "The local Welfare Commission or officials shall appoint a local county medical officer who has been approved by the local advisory board." The whole program is practically in the hands of the profession itself.

I don't think that even some of the men who disagree with me on one policy will attempt to make a fight on any of those; I think we are very thoroughly in accord. The one disagreement, as it shows up, is whether or not state control is desirable. I just happen to feel that it is not.

In furtherance of this argument I wish I could have Dr. Pino's second lantern slide shown on the screen.

(Lantern Slide) I give you here, gentlemen, what has probably been one of the drawbacks to relief administration today, relief administration in general. It develops into a tremendous, top-heavy, expensive, complicated piece of machinery. Somewhere between the time the patient receives relief, whether it is in food or whether it is in medicine, there is a tremendous amount of expense, sometimes duplication, and certainly in the minds of many people with experience in relief a loss in efficiency, and I can further that argument by saying that practically every relief administrator that I know says that it is the policy of the various parties today to urge further decentralization of relief. I think that in every thinking man's mind such an approach to the problem is highly desirable.

I grant that maybe a State Supervisor or Administrator may be desirable. That is up to the House of Delegates to decide. The House of Delegates has a perfect right to make its own choice on that. My only fear is of excessive supervision.

I would like to take one little chance to correct a misapprehension, possibly, that this report was held in my hands and I refused to turn it out and refused to put it through the Medical Economics Committee. I think there is a distinct misunderstanding of how the situation arose.

We have been going around the state for a long time and spending plenty of time and effort trying to get the true background on the future relief policy of the state as a whole. That report couldn't be written ten months ago or six months ago. Two days before this meeting was held I spent time both in Muskegon and in Lansing. The sub-committee met on Sunday afternoon and, as was pointed out, there was considerable argument. The Medical Economics Committee was to meet on Sunday night, and so far as I know they held no formal meeting. Despite the fact that no formal meeting was held, pressure was put on the sub-committee for a report. I turned the report in. What more could I do? I submitted it as written because there was no formal meeting of the Medical Economics Committee held that night, to my knowledge.

I might, in answer to some requests of various doctors around the state (this has nothing to do with our report), tell them that yesterday afternoon I was finally able to complete the 1936 break-down on the afflicted children and crippled children's costs. I have them over here on a board for two fiscal years, 1934-35 and 1935-36. There was a question brought up as to the difference in cost between

hospitalizing such patients in local communities and in university hospitals. I submit the report. It is broken down so far as necessary, I think, for clear understanding. It will be here, gentlemen, for the rest of the morning, if any of you care to see it.

Thank you.

Dr. Riley took the Chair.

THE VICE SPEAKER: Is there any further discussion on this motion?

DR. PINO: I want to clarify a few points. About the report to the Economics Committee: I asked three or four weeks ago that a report be prepared in order that I might report to the Economics Committee and in order that the Economics Committee might be able to report to the House of Delegates, and the sub-committee was to have met in a week's time. A date was set. Notices were sent out and then the meeting was cancelled and set over for one week more, and then the date was changed and the date was set for last Sunday night. Then I had to set the time for the Economics Committee meeting at Sunday night, but Sunday came along and discussion followed discussion into midnight Sunday, and yesterday when I was supposed to be here to give the report it was still being worked on. How could that ever be brought before the Economics Committee? For that reason I believe this should not be acted upon, that we are duly bound to follow the report of the House of Delegates of last year until some further conclusion is arrived at.

THE VICE SPEAKER: Gentlemen, midnight is drawing nigh! (Laughter) Is there any further discussion?

DR. O. G. JOHNSON (Tuscola): I have listened to this discussion this morning with a great deal of interest and both sides seem to be viewing with alarm the conditions that confront us with regard to this indigent care. I wonder if you men know that there is one county in the state which solved this problem three years ago and solved it satisfactorily.

The care of the indigent in our county is entirely in the hands of the medical profession. It is taken out of politics. And the fact that it is becoming more popular and more favorable, not only with the doctors but with the Board of Poor Commission in our county is proof that it is working satisfactorily.

We went to our County Poor Commission with this proposition and we said to them, "We will take the cost of the care of the indigent for five years and strike a balance, and we will care for the indigent in this county for that sum." After several meetings we arrived at an agreement whereby, for a lump sum, we were to care for every patient who came to us.

There are no indigent in our county, technically. When a patient comes to us we make a charge, and if at any future time this patient is able to pay, we have the right to collect from him. On the first day of every month the lump sum (which has been divided into twelve parts) is placed in the hands of the Secretary of the Society, and each physician in the county who is in good standing in the Society gets an equal share, regardless of how little or how much work he has done. There is no bookkeeping other than our ordinary bookkeeping that we do in our office, and in many cases in the last three years I have been able to collect from people who looked, at the time I did the work, as though there were no chance of ever collecting from them.

This plan has worked out so well that one year ago the hospitalization of patients was placed on the same basis.

No one is refused, everyone is satisfied, and we have no trouble in collecting our bills. There are no bills to collect from the county.

You people have been here for three years discussing and holding meetings, and you have gotten nowhere yet!

Dr. Reeder resumed the Chair.

THE SPEAKER: Is there any further discussion? It is the opinion of the Speaker, inasmuch as we have been for nearly two hours on this one subject, and if there is no objection on the part of the assembly, that further discussion on the subject should be limited to a minute and a half.

The Chair recognizes President-Elect Perry at this time.

DR. PERRY: Mr. Speaker and Members of the House of Delegates: It seems to me that there is a lot of confusion here that can't very well be straightened out in this meeting and I would suggest that this be referred to the next Committee on Economics and have it reported back to the Executive Committee of the Council for final decision and action.

THE SPEAKER: There is a motion before the House, and we are still under the head of discussion.

DR. CATHERWOOD: I just want to take one minute to clarify the position of the Reference Committee on this Sub-committee's report. We were not aware, when this report was given to us, that the sub-committee report had not been discussed by the Economics Committee. Neither were we handed a minority report for our consideration. We had a report given to us. We found absolutely no objection to that report so far as it went: "The Subcommittee on Relief Medicine offers the following principles to be included in the proposed revision of medical relief legislation." We found no objection to those principles laid down. We felt that these suggestions were excellent because they gave control of medical relief to the physicians or the Medical Society of the county.

You have heard that we have been discussing this thing for three, four, or five years without getting anywhere. Here are some principles laid down by this Committee which we thought were sound. Now then, up comes the discussion: "Well, the state won't hand out all this money without some central control." That is another problem. These principles laid down are sound. Everybody agrees with them. Therefore your Committee voted that these should be accepted and adopted. That is our reason. If we are going to start, here is a good start. Here are some excellent principles to start with. If they aren't sufficient, why not change them later on, as the necessity arises?

DR. GRUBER: If I may have a word on the report, I happen to be one of the members of the Committee that signed the report. I am going to admit that we were a little late with the report, but just the same we have been doing a great deal of talking and studying of the question.

Along about last winter certain things happened along the same line, and I wrote a letter to some of the members of this organization, and from one of the members I had a nine-page reply. I haven't read it all yet. I am still not convinced that state control is the proper set-up, and it is going to be awfully hard to convince me, and when it finally seemed that we were going to be able to agree on county control I was very much pleased.

I am sure that, had this sub-committee's report recommended state control there would have been none of this discussion this morning at all, so that the wish has been father to the thought on this.

If we are going to have state control (and five years from now I will be saying "I told you so!"), we are going to have state medicine saddled on us as nicely and as neatly as anything can possibly be done.

THE SPEAKER: The Chair feels that this has been well and thoroughly discussed. Are you now ready for the question? The Chairman will read the question.

DR. CATHERWOOD: The Reference Committee on this report advised the acceptance and adoption of this committee's report, and we suggest further that this proposal be carried forward in coöperation with the allied professional groups, such as pharmacists, nurses, dentists, the hospital association, and morticians.

DR. LUCE: I apologize for not understanding thoroughly upon what we are voting. Will you explain to us, please, in language of one syllable words, so that I may understand?

THE SPEAKER: The Chair begs to announce that he doesn't believe that he can repeat this, consequently he has asked the Chairman of the Committee to restate the question. Still it is not clear, do I understand? It would seem to me that an explanation would involve the entire discussion of this morning, plus the reports of the committees.

DR. HIRSCHMAN: I seconded the motion to adopt this report in order to bring it up for discussion. Gentlemen, I ask that this be brought up for a vote and that you kill it, and then that somebody move to refer it to the Committee on Medical Economics.

The motion was voted upon.

THE SPEAKER: Apparently there is a division. I shall call for a rising vote.

Those in favor of the motion will please rise. (Seventeen) Those opposed will please rise. (Forty-nine) The motion is lost by a vote of seventeen to forty-nine.

Is there any further report from the Reference Committee on Standing Committees?

DR. FOSTER: There are no more reports from the Reference Committee on Standing Committees.

THE SPEAKER: Thank you.

We shall now proceed with the reports of Special Committees, by the Reference Committee on Special Committees.

### XII (4). REFERENCE COMMITTEE ON REPORTS OF SPECIAL COMMITTEES

#### PUBLIC RELATIONS COMMITTEE [X (1)]

DR. ROY HOLMES: The Sub-Committee fully approved of the report of the Public Relations Committee, and with the usual complimentary remarks moves the acceptance and adoption of its report. I so move.

DR. CHRISTIAN: I second the motion.

The motion was voted upon and carried.

#### ADVISORY COMMITTEE ON POST-GRADUATE EDUCATION [X (10)]

DR. HOLMES: The Sub-Committee on the report of the Advisory Committee on Postgraduate Education feels inadequate to express its thanks to this Committee and, to make it short, advises the adoption and acceptance of the report, and I so move.

DR. A. P. BIDDLE (Wayne): I second the motion.

The motion was voted upon and carried.

#### MATERNAL HEALTH COMMITTEE [X (2)]

THE SPEAKER: Dr. Sladek, of Traverse City, will give the Sub-Committee's report on the Maternal Health Committee.

Dr. E. F. Sladek read the report of his sub-committee:

After a close study of the Report of the Committee on Maternal Welfare and also the minutes of its numerous meetings during this past year, the maternal welfare sub-committee on the Reports of Special Committees wishes to submit the following comments:

Fully realizing that this Report is incomplete, that a new and revolutionary study of obstetrics practice as it is actually being conducted in this state at the present time is about to be undertaken, we await with great interest early reports of the progress in this study.

We especially wish to commend the committee membership for their zeal and self sacrifice of time and money which they already have given and will further have to give to this study and to the conduct of their educational program for both the laity and the medical profession.

We heartily endorse an educational program in obstetrics along the lines of the weekly post-graduate clinics as conducted for the physicians of the state during the past two years.

We feel that any program dealing with the education of the laity along the lines of lectures or movies, as to what constitutes efficient obstetrical care, should be under the direct sponsorship of local committees of each component county medical society and not left to any lay group.

DR. HOLMES: Mr. Chairman, I move that the report of the Committee on Maternal Health be received by the House of Delegates.

THE SPEAKER: Be received? You wish that, with no action taken on it?

DR. HOLMES: Be received.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

#### RADIO COMMITTEE [X (3)]

#### ADVISORY COMMITTEE ON WOMAN'S AUXILIARY [X (4)]

#### IODIZED SALT COMMITTEE [X (9)]

#### MENTAL HYGIENE COMMITTEE [X (12)]

DR. HOLMES: Dr. Sundwall will report on four committee reports, the Mental Hygiene, Radio, Advisory Committee on Woman's Auxiliary and Iodized Salt Committee.

DR. JOHN SUNDWALL (Washtenaw): Mr. Speaker, the sub-committee of the Reference Committee on Reports of Special Committees not only approves but commends the splendid reports of the Mental Hygiene Committee, which you will find on page 57 of the handbook; the Radio Committee, on page 79 of the handbook; the Woman's Auxiliary, which you will find on page 78 of the handbook; and also the progress report of the Iodized Salt Committee as presented by Dr. F. B. Miner at the second session yesterday.

With a view of saving time the Reference Sub-committee recommends that the recommendations on the four reports be acted on in one item. It therefore recommends that the reports of these four committees be adopted by the House of Delegates. I so move, sir.

DR. JOHN WESSINGER (Washtenaw): I second the motion.

The motion was voted upon and carried.

DR. HOLMES: Dr. Dutchess, of Wayne, will report on the Liaison Committee for Hospital, Bar, Dentists' and Pharmacists' Associations.

#### LIAISON COMMITTEE WITH HOSPITAL ASSOCIATION [X (5)]

DR. CHARLES E. DUTCHESS (Wayne): Mr. Speaker and Members of the House: We make the following recommendations: That the report of the Committee on Hospital Association be accepted and adopted, and I move that the House of Delegates proceed to carry out that committee's recommendations.

DR. W. J. STAPLETON (Wayne): I second the motion.

The motion was voted upon and carried.

### LIAISON COMMITTEE WITH STATE BAR [X (6)]

DR. DUTCHESS: You may note the report of Dr. Jennings' Committee on Liaison with the State Bar of Michigan. It is on page 77. In addition to that report as published in the handbook, Dr. Jennings offered a supplementary report of two paragraphs, which I should like to read:

"Your Committee has discussed further the question of medical testimony and feels that the subject is of too great importance to be reported upon without further and most exhaustive study.

"Your Committee feels that the Liaison Committee has already established cordial relations with the Bar, and that it can serve a useful purpose for the discussion of matters of common interest to the two professions."

We recommend acceptance and adoption of that committee's report, with this exception. In the last paragraph that report states, "It was decided that this should not be held during the coming year," referring to a joint meeting of the Michigan State Medical Society and the State Bar, "but that efforts should be made to hold such a meeting in the following year, probably at the annual meeting of either one of the Societies."

We doubt the feasibility of that suggestion, and I move that the report be accepted with the exception of the recommendation which I have just read.

DR. WESSINGER: I second the motion.

DR. JENNINGS: Mr. Chairman, this is a serious thing at the present time, and I don't think you should fool with it again. The great question which has got the medical profession into disrepute in this state in the various courts is the question of legal testimony. You have to do something in your local societies—either appoint a Censorship Committee or go into the desuetude in which you are at the present time and reap the harvest of what you sow. Medical testimony is a disgusting disgrace in the vast majority of instances and it should be checked. It is going to be checked, because in the first place the legal men have taken the attitude here in Wayne County, or the Commissioners of the Industrial Division have had to go to the Medical Society and get a number of names in order to get decent and unbiased testimony. That is a serious thing and it reflects upon your Society. Why keep passing the buck along? Let's get something done.

The motion was voted upon and carried.

### LIAISON COMMITTEE WITH DENTISTS, NURSES, PHARMACISTS [X (7)]

DR. HOLMES: The Committee on Dentists, Nurses and Pharmacists has made no report.

### CONTACT COMMITTEE TO GOVERNMENTAL AGENCIES [X (13)]

The Sub-Committee of the Reference Committee referring to the report of the Special Contact Committee with Governmental Agencies, because of the action taken on this floor on the Economics Committee report, wishes to offer its thanks to this Committee, and moves that it be received.

DR. SUNDWALL: I second the motion.

The motion was voted upon and carried.

DR. HOLMES: Mr. Speaker, I move that the report of the Reference Committee on Special Committees be adopted as a whole.

DR. WESSINGER: I second the motion.

The motion was voted upon and carried.

### XII (5). REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BY-LAWS

THE SPEAKER: The next report is the report of the Reference Committee on Amendments to the Constitution and By-Laws.

DR. W. R. TORGERSON: The Committee met yesterday afternoon to consider the amendments that had been proposed, and wishes to submit the following report:

### COUNTY SOCIETY COMMITTEE ON LEGISLATION AND PUBLIC RELATIONS [VIII (1)]

The first amendment has to do with Chapter 9, Section 10, of the By-Laws, and if you are interested you can find it on pages 112 to 114 of the handbook, under "County Societies." The section to be changed is on the last page, and the amendment is to the effect that in the second line the word "policy" be deleted, and in its place the word "relations" be inserted, so that the section would read, "Each County Society shall appoint or elect a Committee on Legislation and Public Relations, and the County Secretary shall send the name and address of the Chairman to the Secretary of this Society."

The Committee felt that this was proper, and we move the adoption of this amendment.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

### CREATION OF STANDING COMMITTEE ON POSTGRADUATE EDUCATION [VIII (2)]

DR. TORGERSON: The second amendment is in regard to Chapter 6, Section 1, which you find on page 109, under "Standing Committees." The motion is to amend the By-Laws of the Michigan State Medical Society by adding to Chapter 6, Section 1 (F), a subdivision forming a Committee on Postgraduate Medical Education, and adding a new Section 8 to Chapter 6 as follows, which defines the duties of the Committee:

"The Committee on Postgraduate Medical Education shall consist of eleven members appointed by the President with the consent of the Council.

"The duty of this Committee shall be to supervise for the Michigan State Medical Society all present postgraduate medical training in the state and, with the approval of the Executive Committee of the Council, make any changes, additions or discontinuances of present programs and initiate such new programs as they deem advisable."

The Committee felt that this should be a rotating Committee, and added "three members to be appointed for one year, four members for two years, and four members for three years" to the first paragraph.

The Committee moves the adoption of this amendment.

DR. WENGER: I second the motion.

The motion was voted upon and carried.

### SECRETARY AND EXECUTIVE SECRETARY [VIII (4)]

DR. TORGERSON: The next proposed amendment is an amendment to Chapter IV, Section 4, of the By-Laws, which is found on page 104-105 of the handbook. The proposed amendment substitutes a completely new Section 4, and reads as follows:

"The Secretary shall be an active member of the Michigan State Medical Society at a salary of $2,400 per annum, and shall be a member of the Executive Committee of The Council. He shall be the recording officer of the House of Delegates, The Council, Scientific Assembly, and General Meeting. He shall also discharge the following duties:

"1. Collect all annual membership dues and such other moneys as may be due to the Society; keep membership records and issue membership certificates.

"2. He shall make all required reports to the American Medical Association.

"3. He shall deposit all funds received in an approved depository and disburse them upon order of the Council. The Council shall cause an annual audit of his accounts by a certified public accountant. He shall render a report to The Council reviewing the Society's activities and imparting recommendations for the advancement of the Society's interests at each meeting of The Council.

"4. Under the direction of The Council and with the advice of the Editor, he shall be the Business Manager of THE JOURNAL.

"5. He shall superintend all arrangements for the holding of all meetings in compliance with the Constitution and By-Laws and the instructions of The Council.

"6. He shall send out all official notices of meetings, committee appointments, certificates of election to office and special duties of committees.

"7. He shall receive and transmit to the House of Dele-

gates and to The Council all committee and officers' annual reports.

"8. He shall institute and correlate all new activities under the supervision of The Council, and shall work on county society integration and furnish information to the public concerning health matters as directed by the President and The Council.

"The Executive Secretary, not necessarily a physician or a member of the Michigan State Medical Society, shall be appointed by The Council annually and shall be remunerated by a salary which shall be fixed by the Council within limits approved by the House of Delegates.

"The Secretary shall, with the approval of The Council, assign to the Executive Secretary such of the above duties as he deems advisable."

The Committee thought that it might be wise not to put in the amount of the salary of the Secretary. Contingencies might arise where the Secretary could hardly afford to work for the amount that was put in here, but we thought that we would leave that for discussion at this meeting, and I move that the amendment be adopted as written.

DR. JOHN L. CHESTER (Wayne): I second the motion.

DR. COOK: It says that the Secretary shall be a member of the Executive Committee and have a salary of $2,400. I wonder if you mean that he would be an ex-officio member without vote, or do you mean that he is given the full power of voting? I think there is a very bad precedent in having a member of the Executive Committee with power to vote receiving a salary. He votes upon certain things; I wouldn't say he would vote upon his own salary, because his salary is fixed by The Council, but I think it is a bad precedent to have a member with a vote in the Executive Committee who is on a salary. I think we should consider that. It is only a personal opinion.

I think also that the words "report" and "recommendations" should be clarified for the benefit of the House.

DR. TORGERSON: At the present time I don't believe the Secretary has a vote. He is an ex-officio member.

DR. COOK: But your resolution is changing the setup, and the interpretation should not be in question.

DR. TORGERSON: There is a proposed amendment to the Constitution that corrects that situation.

DR. COOK: Should it not say it in here, so that there will not be any argument?

DR. TORGERSON: Can you say it in here before the amendment to the Constitution is made, which will not go into effect until next year?

DR. GRUBER: May amendments be made to this report at the present time? May an amendment be submitted now to insert the words "ex-officio, without a vote" or does that have to lie over until next year?

THE SPEAKER: If you consider that as under the head of "New Business" it can not be done.

DR. GRUBER: Is that "New Business" or is it straightening up what we want to do here?

THE SPEAKER: If it were not done it would have to be held over for another year. In the opinion of the Chair, I think that by a vote of the assembly there is no reason it can not be done. If the Chair is wrong he will stand corrected.

DR. GRUBER: Mr. Speaker, I would like to make a motion that the words "ex-officio without a vote" be added in the appropriate place to the amendment.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

DR. T. F. HEAVENRICH (Port Huron): There is a question there in regard to the salary of the Executive Secretary. In the event that the present Executive Secretary or any Executive Secretary goes out of his position during the year, as I understand it your resolution states that the salary shall be named by the Council and must be approved by the House of Delegates. Wouldn't that necessitate a special meeting of the House of Delegates before you could hire a new Executive Secretary, to determine what his salary would be?

DR. HOLMES: I think Dr. Heavenrich read the original draft and hasn't seen it since it was corrected and turned in. It says "within limits prescribed by the House of Delegates."

That seems to take care of that.

The motion was voted upon and carried.

DR. SPRINGER: The limits of that salary haven't been set by the House of Delegates, have they?

DR. TORGERSON: They are determined by the Council, approved by the House of Delegates.

DR. SPRINGER: Someone just read that it was to be set by the House of Delegates.

THE SPEAKER: My understanding was that it was set by the Council and approved by the House of Delegates.

DR. TORGERSON: "Remunerated by a salary fixed by the Council, within limits approved by the House of Delegates."

DR. GRUBER: A point of information. What are the limits approved by the House of Delegates?

THE SPEAKER: Will the Chairman of the Council respond to the question of Dr. Gruber, of Wayne?

DR. COOK: Limits of salary? Why, there has not yet been any limit established. That would be the future duty of this House to establish, as I see it. That would be a part of your duties, to complete your work. You have simply said "within limits established" but there has been no vote taken to establish them.

The present salary, according to my understanding, is $6,000 a year. Mr. Burns was receiving $5,000 at Wayne County and was due for a raise to $5,500 within two months. I might say that it may be to your interest to know that by the activity of the two Secretaries this year the income from exhibitors alone will reach approximately a figure of $5,000, which is far in excess of any amount that was ever raised before, and in my opinion it has made it so that medical meetings of this assembly, if we are going to carry on such meetings, must be held in centers which are capable of putting on such a program as this.

I don't think the limit which these exhibits may reach has been attained at all. In spite of the fact that that high figure was reached, there were some exhibitors who were turned down after the space was all rented. There are seventy-two technical exhibitors at this session. I believe that is a direct result of your change in working these things out.

I would like to say again that your Secretaries, and Mr. Burns especially, have worked night and day in the interest of this profession. Bill Burns has been the busiest this year he ever was. If he ever was any busier I don't know when it was.

DR. BIDDLE: I move that the salary of the Executive Secretary be fixed by the Council at a maximum of $6,000.

DR. WESSINGER: I second the motion.

DR. GREENE: Is this in line? Isn't this new business?

THE SPEAKER: This is business pertaining to your Constitution and By-Laws, and if you don't act upon it now when can you act upon it? You would be in the dark for one more year.

DR. R. C. JAMIESON (Wayne): Could I make an amendment to that motion limiting the salary fixation to a maximum of $6,000 for the ensuing year only?

DR. BIDDLE: I accept that amendment.

DR. HIRSCHMAN: I believe that the Michigan

State Medical Society is on the high road to greater and better things, and I believe one of the best moves that we ever made was at the Soo last year when we employed an Executive Secretary, and I am very glad to see that that is being put into the Constitution.

Now, Mr. Speaker, it is the poorest sort of business in the world for the Michigan State Medical Society at this time, in the House of Delegates, to direct the Council or anybody else as to what salary they are to pay to any officer. The salaries of officers are more or less governed, as the salaries of your employees are, by their ability to do certain work, and as has been shown in this one year both of our Secretaries have done a fine job, and the money that has been spent has been well worth while.

I believe we are making a serious mistake in directing the Council as to either a minimum or a maximum salary. We have elected a Council as our Board of Directors. They have carried on the affairs of this Society in a way which reflects credit upon them. Our financial condition is much better than that of many state societies, in spite of the depression, and I, for one, would like to vote my protest against any action to designate either a minimum or a maximum salary for any officer. If we can't trust our Council to pay men the right sort of salaries we don't need a Council.

DR. BIDDLE: I believe we have to fix a salary. We are called upon to fix it.

THE SPEAKER: I believe that that is in the By-Laws.

DR. GRUBER: I move a reconsideration of the motion by which we adopted this report. May I explain my reason: I should like to have this reconsidered and the portion of the amendment to By-Laws which says that the House of Delegates shall fix the salary should be deleted. The Council should be allowed to fix the salary. That is my reason for moving for a reconsideration, and if it is reconsidered I would like to move an amendment to the motion.

DR. BIDDLE: I will withdraw my motion.

DR. WESSINGER: I withdraw my second.

DR. GRUBER: I move a reconsideration of the original motion.

DR. JAMIESON: I second the motion.

The motion was voted upon and carried.

DR. GRUBER: May I ask to have that portion of the By-Laws read?

DR. TORGERSON: "The Executive Secretary, not necessarily a physician or a member of the Michigan State Medical Society, shall be appointed by the Council annually and shall be remunerated by a salary which shall be fixed by the Council, within limits approved by the House of Delegates."

DR. GRUBER: Mr. Chairman, I move the deletion of the words "within limits approved by the House of Delegates."

DR. SPRINGER: I second the motion.

The motion was voted upon and carried.

DR. GRUBER: Mr. Speaker, I move the adoption of the By-Laws as amended.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

### CREATION OF STANDING COMMITTEE ON PUBLIC RELATIONS [XI (10)]

DR. TORGERSON: The next amendment that was proposed was to Chapter 6 of the By-Laws, page 109, and reads as follows:

"WHEREAS, In the past the Medical Profession has been negligent in studying the relations between the profession and the public, and

"WHEREAS, In the past year the Special Committee known as the Public Relations Committee has served most effectively; be it

"RESOLVED, That Chapter 6, Section 1, of the By-Laws of the Michigan State Medical Society be amended by adding a further sub-section, 'Public Relations Committee.' Be it further

"RESOLVED, That Section 6 be amended by adding a further Section which shall read as follows:

" 'The Committee on Public Relations shall consist of nine members appointed by the President with the advice of the Council. It shall be the duty of this Committee: (a) to integrate and publicize all approved plans and projects emanating from the Council, the Executive Committee, and other Standing and Special Committees of the Michigan State Medical Society; (b) to consider all plans and projects, and make suggestions and recommendations to improving or changing such plans for integration and publicizing; (c) to develop further plans for better physician-public contacts.' "

The Committee approved the amendment, and I move its adoption.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

### CREATION OF STANDING COMMITTEE ON ETHICS [XI (6)]

DR. TORGERSON: Another amendment to Chapter 5, Section 3, of the By-Laws, under "Council" on page 106:

"WHEREAS, It is apparent that many malpractice suits can be avoided if a higher code of ethics were obtained among the medical profession; and

"WHEREAS, Under Chapter 5, Section 3, of the By-Laws of the Michigan State Medical Society the Council serves as the Board of Censors of the Society; and

"WHEREAS, Because of the many duties and the infrequent meetings of the Council it has been unable to devote any considerable amount of time to this phase of their work; be it

"RESOLVED, That Chapter 6, Section 1, be amended by adding a further sub-section, 'Committee on Ethics.' Be it further

"RESOLVED, That Chapter 6 be amended by adding a further Section which shall read as follows:

" 'The Committee on Ethics shall consist of five members appointed by the President with the advice of the Council. It shall be the duty of this Committee to advise the Council concerning questions of ethics. It shall investigate all questions of an ethical nature upon the request of individual Councilors or component county societies. It shall report the results of such investigations to the Council for their final approval. It shall attempt to integrate the work of this Committee with the Medico-Legal Committee of the State Society. It shall assist county societies in setting up schemes of integration between their Ethics and Medico-Legal Committees."

I may have confused some of you. That was an amendment to Chapter 6, "Standing Committees," making this Committee on Ethics a Standing Committee. The Committee moves the adoption of this amendment.

DR. JAMIESON: I second the motion.

The motion was voted upon and carried.

### PROPOSING SPEAKER OF HOUSE AS A MEMBER OF THE COUNCIL [VIII (3)]

DR. TORGERSON: There was also read yesterday a proposed amendment to the Constitution, page 96 of your handbook, under Article 5, The Council. The proposal as read was as follows:

"I move the Constitution be amended to insert in line 8, following the word 'Secretary,' 'the Speaker of the House of Delegates.' The sentence would then read, 'It should consist of the Councilors, the President, the President-Elect, the Secretary, the Speaker of the House of Delegates, and the Treasurer of the Society.'

"An additional line should be added to the section reading, 'The Speaker of the House of Delegates shall be a member of the Council and of its Executive Committee with the power to vote.' "

*That must hold over a year before it can be voted on,* so there are no recommendations in connection with this proposed amendment.

That is all of the report.

### XII (6). REFERENCE COMMITTEE ON RESOLUTIONS

THE SPEAKER: The next item of business is that of the Reference Committee on Resolutions. The Chair recognizes Dr. Christian, of Ingham.

#### EMERITUS MEMBERS [XI (1)]

DR. CHRISTIAN: The first resolution is that group of resolutions recommending the election of physicians throughout the state to emeritus membership. The resolution from Wayne included Dr. Thuner, Dr. Angus McLean, and Dr. A. N. Collins. Your Committee believes that those men, who have rendered long and valuable service to this profession, should be recognized by making them emeritus members; also Dr. Hargrave, of Palo, Ionia County, who has been a member for many years there; Dr. Braden, of Scotts; Dr. J. W. Hawkey, of Bloomingdale; and Drs. Leininger and Boulton, of Gladwin. All of these men have fulfilled the requirements as set up in the Constitution and By-Laws, and we recommend that they be elected to emeritus membership and notified through our Secretary.

I move the adoption of this report.

DR. HOLMES: I second the motion.

The motion was voted upon and carried.

#### COMMITTEE ACTIVITIES [XI (4)]

DR. CHRISTIAN: The next resolution concerns the integration of all Society activities through the Executive Office at Lansing. We feel that that is the will of the House of Delegates and the Council and that all committees who are working in the Michigan State Medical Society should carry on their official business through our Executive Office, through the Secretary or Executive Secretary, and that all committees should be covered by one of these men whenever possible.

I move the acceptance and adoption of that resolution.

DR. CASSIDY: I second the motion.

The motion was voted upon and carried.

#### LECTURES BY PHYSICIANS ON SOCIAL HYGIENE [XI (8)]

DR. CHRISTIAN: The next resolution concerns the teaching of sex hygiene to high school students, as has been done in Ingham County, through physicians, with physicians only as teachers. Your Committee believes that in Ingham County a good piece of work has been done and we would like to recommend that this be made a uniform program and referred to the Public Relations Committee for its action in those counties which are in need of this type of work.

Mr. Speaker, I move the acceptance and adoption of this resolution.

DR. BRASIE: I second the motion.

The motion was voted upon and carried.

#### STANDARD FOR INTERNE TRAINING [XI (7)]

DR. CHRISTIAN: The next resolution is from Dr. Philip A. Riley, of Jackson, concerning the hospital internships in certain hospitals. As Dr. Riley told you yesterday, a hospital of seventy-five beds can have three interns, and a hospital of seventy-four beds can have none. He has asked that this be referred to the delegates of the American Medical Association who will take this up in whatever manner they see fit with the Council on Medical Education and Hospitals.

Your Committee believes that this should be referred to the Delegates to the American Medical Association for appropriate action. Mr. Speaker, I move the acceptance and adoption of this resolution.

DR. WENGER: I second the motion.

The motion was voted upon and carried.

#### MEDICAL EXAMINER SYSTEM IN MICHIGAN [XI (3)]

DR. CHRISTIAN: The next resolution is the one on the Medical Examiner system to replace the present Coroner system, in Michigan. Your Committee feels that as a Medical Society we should merely function in recommending this as a civic organization, and should have nothing to do with any legislative activities in attempting to put it across. We recommend that this be accepted and that the Secretary make the proper disposition of it.

I move its acceptance and adoption.

DR. WENGER: I second the motion.

The motion was voted upon and carried.

#### CRIPPLED CHILDREN COMMISSION [XI (5)]

DR. CHRISTIAN: The next resolution was presented by Dr. Roy H. Holmes:

"WHEREAS, The Crippled Children's Commission, through its Executive Secretary, has arbitrarily dictated to physicians of this state in matters which ethically should be decided only by the doctor and his patient, and

"WHEREAS, there is a system of solicitation of patients by paid employees of the Crippled Children's Commission and its allied societies believed to be contrary to the ethics of the American Medical Association and its allied societies; therefore be it

"RESOLVED, That a committee be appointed from the House of Delegates to investigate the activities of this Commission and the members of the Michigan State Medical Society who are interested in these unethical procedures, this committee to report promptly to the Executive Council of the Michigan State Medical Society, with recommendations."

Your Committee believes that the Crippled Children's Commission is coöperating. We have assurance from the Council and the committees that have had contact. Therefore, we disapprove of this resolution as written, but we recommend that a subcommittee of the Special Contact Committee with Governmental Agencies confer with the Crippled Children's Commission in an attempt to clarify what type of orthopedic surgery occurring in indigent children can be properly cared for by the general surgeon, and that this committee report to the Executive Committee of the Council.

I move, Mr. Chairman, that this resolution be disapproved.

DR. GREENE: I second the motion.

DR. CASSIDY: Why do you want to disapprove this thing? We have had this question come up for so many years on the regimentation of crippled children, tending from the wide field of general surgery into the narrow field of orthopedic surgery, and the fee rate in the crippled child is entirely different from the fee rate in the afflicted child. This thing ought to be settled in some way. There should be some recommendation going from this body to some of the rulings of the Crippled Children's Commission.

DR. CHRISTIAN: I think we have not been clear. I think it is the intent of my Committee to move the acceptance and adoption of this resolution as amended by our Committee.

We disapprove of this resolution as written, but we recommend that a sub-committee of the Special Contact Committee with Governmental Agencies be appointed to confer with the Crippled Children's Commission in an attempt to clarify what type of orthopedic surgery occurring in indigent children can be properly cared for by the general surgeon.

The motion was voted upon and carried.

DR. CHRISTIAN: Mr. Speaker, I move the acceptance and adoption of the report as a whole.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

### DR. E. A. MEYERDING SAINT PAUL, MINNESOTA

THE SPEAKER: We are very fortunate this morning in having with us one who has come to visit us,

the Secretary of the Minnesota State Medical Association, Dr. E. A. Meyerding.

Those in attendance arose and applauded.

THE SPEAKER: Dr. Meyerding, we thank you for visiting us and we hope you will come to Michigan again.

THE SPEAKER: The Chair at this time will recognize Dr. Greene, of Shiawassee.

### RESOLUTION ON DEATH OF DR. CARL F. MOLL (XIV)

Dr. Greene read the following resolution:

WHEREAS, The Michigan State Medical Society has suffered an irreparable loss in the untimely death of Carl F. Moll, and

WHEREAS, For many years Dr. Moll gave freely of his time and energy as a county officer, as delegate to the State Society, as State President, and delegate to the American Medical Association, and

WHEREAS, We shall miss not only his wisdom and experience, but also his kindly personality and his rare ability for making friends.

BE IT RESOLVED, that the Michigan State Medical Society express its sorrow and loss in the death of Carl F. Moll, and

BE IT FURTHER RESOLVED that this resolution be made part of the records of the Michigan State Medical Society, and that a copy be sent to the Genesee County Medical Society and to the family of Dr. Moll.

DR. GREENE (continuing): I move the adoption of this resolution.

DR. CASSIDY: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The Chair will at this time also recognize Dr. Robb, of Wayne.

### RESOLUTIONS RE: COOPERATION FROM GOVERNMENTAL AGENCIES [XI (9)]

DR. CURRY: Mr. Speaker, I have been asked to present this in behalf of Dr. Robb.

Your Committee appointed to draft Resolutions to be dispatched to administrative officers of the State of Michigan respectfully submits the following proposed letter:

"Hon. Frank D. Fitzgerald, Governor,
Hon John J. O'Hara, Auditor General,
Hon. Theodore I. Fry, Treasurer,
Hon. Orville E. Atwood, Secretary of State,
Hon. David Crowley, Attorney General,
The Michigan Crippled Children Commission.

The House of Delegates of the Michigan State Medical Society, in executive session at its Annual Meeting in Detroit, September 22, 1936, adopted the following Resolutions:

Resolved, That the sincere thanks and appreciation of the medical profession of the State of Michigan be extended to each of the above for his fine understanding and wholehearted coöperation during the past year in efforts to solve social-medical problems."

J. M. ROBB, M.D., Chairman
L. G. CHRISTIAN, M.D.
GEO. J. CURRY, M.D.

DR. CURRY (continuing): I move the adoption of the resolution.

DR. SPRINGER: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The Chair will entertain a motion to revert to the regular order of business.

DR. GREENE: I so move.

DR. CURRY: I second the motion.

The motion was voted upon and carried.

## XVII. ELECTION OF OFFICERS

THE SPEAKER: Members of the House, we are now about to take up the election of officers of this Society. Therefore, before proceeding, I would like the assembly to move forward where the tellers can reach them.

In the case of nominating speeches I shall limit you to two minutes. I shall ask Dr. Snapp, of Kent; Dr. Catherwood, of Wayne, and Dr. Brasie, of Genesee, to act as tellers.

### XVII (1). COUNCILOR FOR THE FIRST DISTRICT

The first election is that of Councilors, which we shall take up one at a time. The first is the First District, Wayne, a Councilor to succeed Dr. Henry R. Carstens.

DR. L. T. HENDERSON (Wayne): The delegates of Wayne County want to propose the name of Dr. Henry R. Carstens to succeed himself as Councilor for the First District. The Wayne delegates feel that Dr. Carstens has completed an excellent job as Councilor and should be returned. It gives me great pleasure to nominate Dr. Carstens as Councilor of the First District.

DR. BIDDLE: I second the nomination.

THE SPEAKER: You have heard the nomination of Henry R. Carstens, supported by Dr. Biddle. Are there any other nominations?

DR. GRUBER: I move that the nominations be closed.

DR. P. L. LEDWIDGE: I move that we suspend the rules of this House and instruct our Secretary to cast the vote for Dr. Carstens.

DR. GRUBER: I second the motion.

The motion was voted upon and unanimously carried.

THE SECRETARY: Mr. Speaker, the Secretary does so cast.

THE SPEAKER: I therefore declare Henry R. Carstens elected Councilor for the First District of Wayne.

### XVII (2). COUNCILOR FOR THE FOURTH DISTRICT

The next election of a Councilor is that of the Fourth District, to succeed Dr. C. E. Boys, of Kalamazoo.

DR. D. RICHMOND (Berrien): Mr. Speaker, Fellow Delegates: I wish to nominate a man from my county of Berrien as Councilor for the Fourth District. In the past, all Councilors have come from Kalamazoo. While Kalamazoo may be one of the most progressive and beautiful cities in the state, we of the other counties in that District do not believe it is the fount of all knowledge and that only Kalamazoo men are wise enough or smart enough to be Councilors.

We have a man interested in the State Medical Society and capable of carrying on its work. The man whom I wish to nominate has been a delegate from Berrien County for ten years. He was Secretary of our County Society for over ten years, and incidentally the best we have ever had. He is vitally interested in the State Society and all its doings, and I for one am certain he would be a careful and conscientious Councilor. I wish to nominate Dr. William Ellet, of Benton Harbor, as Councilor of the Fourth District.

DR. MCCUTCHEON: I desire to second the nomination of Dr. Ellet. I, too, feel that a Councilor from the western part of the state would be welcome, and we heartily endorse Dr. Ellet as Councilor of the Fourth District.

DR. CHARLES TENHOUTEN (Kalamazoo): I wish to nominate as Councilor for the Fourth District, Dr. F. T. Andrews, of Kalamazoo. Dr. Andrews has practiced medicine in Kalamazoo for thirteen years; he has been a member of the House of Delegates for nine years, he has served on numerous committees. During the past year he was a member of our Public Relations Committee. I think that we should judge our Councilors not by geography but by their qualifications, and it gives me pleasure to tell you that the men of Kalamazoo and Van Buren and Allegan Counties wish to endorse Dr. F. T. Andrews.

THE SPEAKER: Dr. Andrews of Kalamazoo has been nominated.

DR. A. T. HAFFORD (Calhoun): I second the nomination.

THE SPEAKER: Are there any other nominations for Councilor of the Fourth District?

DR. SPRINGER: I move that the nominations be closed.

DR. CASSIDY: I second the motion.

THE SPEAKER: The tellers will please distribute the ballots.

While the tellers are distributing these ballots, the Speaker recognizes Dr. Sheets, a member of the Credentials Committee. It has been brought to the attention of the Speaker that perhaps you, as Chairman of that Committee, would desire to say a word of kindness to your fellow workers throughout your Credentials career.

DR. SHEETS: Mr. Speaker on behalf of myself as Chairman, and Dr. Barrett and Dr. Keyport, the other members of this Committee, we wish to express our thanks to Mrs. L. Fernald Foster and Mrs. I. W. Greene for the valiant service that they rendered in aiding us to organize the House of Delegates yesterday morning. We would like to have this in the record. We appreciate it very much, and with the terrible tussle we had with some of the counties of the state in straightening out their credentials, we probably would still have been toiling had it not been for their services.

THE SPEAKER: Thank you, Dr. Sheets. I don't believe that requires any action. I believe every member of the House of Delegates is thoroughly in accord. These ladies' husbands, respectively, I trust will be good enough to take this message back to their wives.

What is the result of the ballot, Mr. Secretary?

THE SECRETARY: Mr. Speaker, of seventy-three votes cast, fifty-seven are for Dr. Andrews and sixteen for Dr. Ellet.

THE SPEAKER: I therefore declare Dr. Andrews elected Councilor of the Fourth District to succeed Dr. C. E. Boys.

DR. LUCE: I would like a report from the Credentials Committee as to the total number of delegates in this room.

THE SPEAKER: There seems to be some doubt as to the number of properly seated delegates, I take it.

DR. LUCE: It is just a matter of custom.

THE SPEAKER: Just as a matter of record.

THE SECRETARY: If I may be permitted to speak for the Credentials Committee, I hold in my hands an augmented roll of eighty-two members, duly accredited delegates.

THE SPEAKER: Is the gentleman from Wayne satisfied?

DR. LUCE: I wanted to know just how many votes Wayne might put in. We want to be within the limit.

### XVII (3). COUNCILOR FOR FIFTH DISTRICT

THE SPEAKER: The next order of business is the election of Councilor of the Fifth District to succeed Dr. Vernor M. Moore, of Grand Rapids.

DR. BROOK: On behalf of the Kent delegation I desire to place in nomination, Dr. Vernor M. Moore, to succeed himself. He has the whole-hearted and unanimous support of the Kent delegation.

DR. E. A. STICKLEY (Ottawa): I take great pleasure in seconding the nomination of Dr. Moore as Councilor of the Fifth District.

DR. BROOK: Since Dr. Stickley, of Ottawa County, has supported the nomination, and Kent and Ottawa comprise the District, and there being no further nominations, may I move that the rules be suspended and that the Secretary be instructed to cast the ballot of the House for Dr. Moore?

DR. WENGER: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: Mr. Speaker, your Secretary casts the unanimous ballot for Dr. Moore as Councilor for the Fifth District.

THE SPEAKER: I therefore declare Vernor M. Moore elected Councilor of the Fifth District.

### XVII (4). COUNCILOR FOR SIXTH DISTRICT

The next order of election is that of Councilor for the Sixth District, to succeed Dr. Henry Cook.

DR. HART: I wish to nominate a man who has long been a member of the House of Delegates and who has been very active in the State Medical Society's business for years, Dr. I. W. Greene.

DR. BRASIE: I second the nomination.

THE SPEAKER: Are there any other nominations? (None.)

DR. BRASIE: Inasmuch as the delegates from these counties are agreed, and there are no more nominations, I move that the rules be suspended and the Secretary instructed to cast the unanimous ballot of the Society for Dr. Greene.

DR. CURRY: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: Mr. Speaker, your Secretary does so cast.

THE SPEAKER: I therefore declare Dr. I. W. Greene, of Shiawassee, elected Councilor of the Sixth District.

### XVII (5). COUNCILOR FOR ELEVENTH DISTRICT

I believe we have one more—I am so informed—which is not on your program, because of a very recent resignation, and I presume it is in order to elect a successor under those conditions. I want to call your attention, then, to the resignation of Dr. T. P. Treynor, of the Eleventh District.

DR. O. D. STRYKER (Newaygo): It becomes my pleasure to offer in nomination today as our candidate a man who has worked long in the interests of organized medicine in the State of Michigan, who has served on many important key committees of the State Medical Society, who has been editor of the *County Bulletin*, and who has done much to advance the cause of organized medicine in the State of Michigan. Therefore, I am happy to present the name of Dr. Roy Herbert Holmes, of Muskegon, as Councilor for the Eleventh District.

DR. W. LEMKE (Oceana): I second the nomination of Dr. Holmes.

DR. HARTWELL: It is a pleasure to express the opinion of the brothers in medicine of Dr. Holmes, of Muskegon, and to further second this nomination, and also to move that the nominations be closed.

DR. BIDDLE: I second the motion.

The motion was voted upon and carried.

DR. HIRSCHMAN: I move you, then, that the Secretary cast the unanimous ballot for Dr. Roy H. Holmes.

DR. LEMKE: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: Mr. Speaker, your Secretary does so cast.

THE SPEAKER: I therefore declare Dr. Roy H. Holmes elected Councilor of the Eleventh District.

I believe that concludes that part of our elections.

### XVII (6). DELEGATES TO A. M. A.

The next order of business is the election of delegates to the American Medical Association; first, to succeed Dr. H. A. Luce, of Detroit.

DR. GEIB: I wish to present the name of Dr. H. A. Luce, of Wayne, as delegate to succeed himself.

DR. WESSINGER: Before that is seconded I would like, if in order, to make a motion that we suspend the rules of this House and elect the entire delega-

tion and atlernates to the American Medical Association for another year, by viva voce vote. They have rendered us yeoman service and they are entitled to this compliment. Therefore, I make this motion, and I trust that it will be supported.

DR. SPRINGER: I second the motion.

DR. HIRSCHMAN: While I have no objection to this latter motion, if Dr. Geib should withdraw his nomination, well and good, otherwise we will have to act on his nomination first.

THE SPEAKER: Yes, I think you are quite right. We started out individually.

DR. HENDERSON: I support the nomination of Dr. Luce.

DR. LEMKE: I move that the nominations be closed.

DR. STRYKER: I second the motion.

The motion was voted upon and carried.

DR. WESSINGER: I now repeat my motion.

DR. HIRSCHMAN: A point of order. I am not opposing it at all. The motion should have included the direction of the Secretary to cast the ballot for Dr. Luce. That has not been done, so he has not been elected yet. I move, sir, that the Secretary be instructed to cast the ballot for Dr. Luce.

DR. WESSINGER: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: Mr. Speaker, your Secretary does so cast.

THE SPEAKER: I therefore declare Dr. H. A. Luce elected as delegate to the American Medical Association.

DR. WESSINGER: I now make a motion, Mr. Speaker, that the remaining three delegates to the American Medical Association, and the alternates be reëlected to succeed themselves for one year. I don't need to repeat that they have done yeoman service. We know that.

DR. BIDDLE: I second the motion.

DR. LUCE: Just as a matter of correcting the record, Dr. Wessinger said "for one year." Is not the term for two years?

THE SPEAKER: Yes.

DR. WESSINGER: I accept that correction.

DR. GREENE: It seems to me that this is a little out of line. We have expressed ourselves on one man. It seems to me we should have an opportunity to express ourselves on all of them individually. Maybe we have different opinions. There may be some delegates of whom we are in favor, and perhaps others of whom we are not.

The motion was voted upon.

THE SPEAKER: There apparently is a division of the House. The Speaker will ask for a rising vote. Those in favor of the motion will please rise and remain standing until counted (26). Those opposed, please rise (31).

By a vote of twenty-six to thirty-one the motion is lost. We will therefore proceed to the election of a delegate to the American Medical Association to succeed Dr. C. S. Gorsline.

DR. PHILIP RILEY: I would like to nominate Dr. L. G. Christian to go to the American Medical Association. There have been a number of reforms that have come through our own local House of Delegates that Dr. Christian has sponsored, and I would like to see him go to the A. M. A. Therefore, I should like to nominate Dr. Christian for that post.

DR. CHRISTIAN: I withdraw and will not allow my name to be presented.

DR. STRYKER: I second the nomination of Dr. Christian.

THE SPEAKER: Dr. Christian withdraws from the nomination.

DR. CHESTER: This is a very important office. In normal times this calls for a man representative of the rank and file of the profession, one who could attend the majority of the meetings of the American Medical Association and who could attend the regular and special meetings, and who could represent the profession of this state with honor and dignity. As we were told this morning, we are living in abnormal times. We are living in an age when anything may happen, and our profession may well undergo a metamorphosis, either through legislative enactment or the force of economic circumstances. Therefore, the occasion calls for a man of exceptional attainment.

I believe we have such a person in Dr. Thomas K. Gruber. Dr. Gruber is, currently, president of the Wayne County Medical Society and his tenure of office is proving notable. For many years he has been active in the various functions of the Society, and such tasks as have been assigned to him have been distinguished by his able performance.

During the past three years, Dr. Gruber has attended all of the regular meetings, including the executive sessions, of the American Medical Association. He is, therefore, thoroughly familiar with the inner workings of the parent body. I have known Dr. Gruber for about twenty years, and during that time I have known that he can get things done, sometimes under the most trying circumstances, and general practitioners, men on the firing line, need not fear him with this more than ordinary assignment. He knows their needs and requirements and he is ever willing and ready to strenuously advocate their cause.

I, therefore, earnestly solicit your support, in order that we may elect this most worthy candidate to be our representative to the American Medical Association. Dr. Gruber will grace the position with honor and dignity.

THE SPEAKER: The name of Dr. T. K. Gruber has been placed in nomination.

DR. CHRISTIAN: I second the nomination.

DR. HAFFORD: I wish to nominate Dr. C. S. Gorsline to succeed himself in this office. Dr. Gorsline has had more experience than probably anyone else in this particular line of work. He has been active in the Society for years and years; he is competent, is known by all of you and is a hard worker. After all, Wayne County has plenty of representatives, and I think, perhaps, it would be just as well if we had one, at least, from out in the state, and I take pleasure in nominating Dr. Gorsline.

DR. DEAN MYERS (Washtenaw): The Washtenaw County delegation wishes to endorse the nomination of Dr. Gorsline. The delegation feels that this is not a proper time to make a change. Dr. Gorsline has served the Society for many years. He is in a position to render unusual service to this Society in the House of Delegates of the American Medical Association. We wish to place him in nomination, to support his nomination.

DR. A. L. CALLERY (St. Clair) I move that the nominations be closed.

DR. WENGER: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The tellers will please distribute the ballots. The names of Drs. T. K. Gruber and C. S. Gorsline have been placed before you.

## MESSAGE FROM DR. B. R. CORBUS (XIII)

While the tellers are taking up the ballots I desire to read this telegram:

"With grateful appreciation I acknowledge your kindly telegram. I especially regret that I could not, for the first time as delegate, join you in your deliberations, the fifteenth year in which I would have had the opportunity in one office or another of showing my sincere interest in Michi-

gan Medicine. May your deliberations be successfully concluded that Michigan, under your direction, may, more than ever, point the way for all forward-looking medical societies."

BURTON R. CORBUS.

(Applause.)

THE SECRETARY: Mr. Speaker, there were sixty-seven votes cast, of which thirty-four were cast for Dr. Gruber and thirty-three for Dr. Gorsline.

I declare Dr. T. K. Gruber elected delegate to the American Medical Association.

The next order of business is the election of a delegate to the American Medical Association to succeed Dr. J. D. Brook of Grandville.

DR. SNAPP: I should like to nominate Dr. Brook to succeed himself as delegate to the American Medical Association. His faithfulness in the House of Delegates of the parent body over the years is a record, and his reports here are well known to all of us—the wonderful reports he gives. I should like to nominate him to succeed himself.

DR. STICKLEY: I second the nomination.

DR. CHESTER: I move that the rules be suspended and that the Secretary cast the ballot for Dr. Brook for delegate.

DR. WENGER: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: The Secretary has cast the unanimous ballot of this body for Dr. Brook to succeed himself as delegate to the American Medical Association.

THE SPEAKER: I therefore declare Dr. J. D. Brook elected delegate to the American Medical Association to succeed himself.

The next is the election of a delegate to the American Medical Association to succeed Dr. C. R. Keyport, of Grayling.

DR. HART: I wish to nominate Dr. Keyport to succeed himself.

DR. ROBB: I move that the nominations be closed and that the Secretary cast the unanimous ballot of the House for Dr. Keyport.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: Your Secretary does so cast.

THE SPEAKER: I therefore declare Dr. C. R. Keyport, of Grayling, elected delegate to the American Medical Association to suceed himself.

### XVII (7). ALTERNATE DELEGATES TO THE A. M. A.

We now go to the election of alternate delegates, the first to succeed Dr. T. E. DeGurse, of Marine City.

THE SECRETARY: (reading)

"The number of alternate delegates to the American Medical Association shall equal the number of delegates. Alternate delegates shall hold office for two years. At each annual election, candidates for alternate delegates at large shall be nominated in number equal to or greater than the number to be elected. Election of alternate delegates shall be by ballot. The required number of high candidates shall be declared elected.

"Alternate delegates at large so elected shall have relative seniority according to the respective numbers of votes received by them, and such seniority rank shall be designated at the time of election."

Then there is a provision regarding a tie vote, which we can take up if necessary.

THE SPEAKER: The Chair will entertain nominations for alternate delegate to succeed Dr. T. E. DeGurse.

DR. CALLERY: I have much pleasure in presenting the name of Dr. T. E. DeGurse, of Marine City, to succeed himself. Two years ago, when there was sickness in the family of the regular delegate, Dr. DeGurse stepped into the breech at the last minute, went to Atlantic City at his own expense, to find the delegate able to be in attendance, and therefore showed his willingness to serve this State Society. Dr. DeGurse has been in practice for forty-one years in St. Clair County. He is one of the strongest advocates of organized medicine in the State of Michigan. He will represent this Society as delegate with ability and with good faith. I therefore have much pleasure in presenting his name for alternate.

THE SPEAKER: Dr. T. E. DeGurse has been nominated.

DR. BIDDLE: Most of the delegates that we have nominated have come from the larger cities. I believe it is well that we should have those in the rural districts represented. I have known Dr. DeGurse for many, many years. I have known his interest in medicine; I have known his personal character, and I take great pleasure in seconding the nomination of Dr. DeGurse, of Marine City.

DR. WENGER: I take pleasure in nominating Dr. R. H. Denham to succeed himself as alternate delegate to the American Medical Association. He requires no comments on his service.

DR. LEDWIDGE: I don't know either of these two gentlemen or Dr. Gorsline, but I feel that a man who has run so closely for delegate should have a chance at alternate, and I would like to nominate Dr. Gorsline.

THE SPEAKER: Dr. Gorsline has been nominated.

DR. WENGER: I support the nomination.

DR. SPRINGER: I move that the nominations be closed.

DR. CASSIDY: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The tellers will distribute the ballots.

The attention of the Speaker has just been called to the fact that Dr. L. Fernald Foster, who has been an alternate delegate, has resigned. Therefore, it is necessary that three alternates be elected.

DR. STICKLEY: In view of the fact that we have only three names up I make a motion that we suspend the rules.

DR. LUCE: The Secretary has just read an extract governing this particular feature. Inasmuch as seniority must prevail according to our rules and regulations, it is necessary that we proceed to ballot, and the one receiving the highest number of votes will be the ranking alternate.

THE SREAKER: The Chair accepts the correction. On the other hand, when you vote I take it for granted that with three men in the field the thing will be a tie vote, and we will have to revert to the action which has been taken for a number of years. The names will be put into a hat and drawn out. You are voting for three alternate delegates.

DR. LUCE: If I may be allowed to intrude again, each of these men will be nominated. There is no doubt about that. However, we may have a preference in the final tally, and he is going to outrank the others in seniority.

THE SPEAKER: I grant that perhaps you are right. Nevertheless, you will elect three.

DR. LUCE: But not all will vote for all three. Several will vote for only one, several will vote for two, and in the final analysis the tabulation of those respective votes will determine their seniority.

THE SPEAKER: It might so happen, but I believe that the experience of past Speakers as well as the present Speaker has shown us that on occasion we have had them all voted for.

DR. RICHMOND: A point of order. You made an announcement to us that Dr. Foster had resigned. Since that announcement no nomination has been made to succeed Dr. Foster. The nominations on the board were for the two vacancies announced.

Therefore, nobody has been nominated to succeed Dr. Foster at the present time.

THE SPEAKER: I think you are quite in order. but then you may go ahead and vote for two out of the three, and we will have to have another election for alternate to succeed Dr. Foster. The Chair will therefore rule that you, at the present time, vote for two out of three as originally instructed.

DR. LUCE: Mr. Speaker, again I wish to interrupt. I wouldn't be able to determine seniority under such a procedure.

THE SPEAKER: I question it, because the third candidate coming up might outrank the previous two that you have elected. Therefore, would it be proper to reopen the nominations?

DR. R. L. WADE (Branch): Why not number your candidates "1," "2," and "3"?

THE SPEAKER: But you are about to have another candidate.

These three have been listed on the board. We were asking for two. Since that time a resignation has crept upon us which we didn't know about, and we must permit another nomination to be made.

DR. TOSHACH: I make a motion that we suspend the rules and that we vote upon these three men to fill the three places that are vacant.

DR. SPRINGER: I second the motion.

The motion was voted upon and carried.

DR. GREENE: I move a reconsideration of the vote to close the nominations for alternate.

DR. RICHMOND: I second the motion.

The motion was voted upon and carried.

DR. TENHOUTEN: I thought, when you read that article pertaining to the election of delegates, that they were to be elected enmasse. I wish you would read that again.

The Secretary reread the provision of the By-Laws governing the election of alternate delegates to the American Medical Association.

THE SPEAKER: We are really voting on them enmasse, aren't we?

DR. TENHOUTEN: If you elect two to succeed two and then elect only one to succeed one, then the one man will have the greatest number of votes.

THE SPEAKER: But we have reopened nominations, so we are not having a separate ballot on any one alternate. Are there any further nominations?

DR. SPRINGER: I move that the nominations be closed.

DR. GREENE: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: The nominations are closed. The names of DeGurse, Denham, and Gorsline are before you for the three alternate delegates.

The tellers will distribute the ballots.

THE SECRETARY: Forty votes are recorded for DeGurse, twenty-two for Denham, and forty for Gorsline.

THE SPEAKER: Your Speaker knows full well that for several years when this thing came up there were ties, and it was decided that good sportsmanship be shown. Your By-Laws call for a vote. If you care to stay here all afternoon, it is all right with me. Shall we proceed according to the By-Laws?

DR. LUCE: Am I correct that we are electing three candidates?

THE SPEAKER: We are.

DR. LUCE: Then the determination of the tie vote relative to seniority should be made by the Chairman or Speaker of the House drawing the names of DeGurse or Gorsline from a hat, the first out the senior.

THE SPEAKER: Then we will have to suspend the regular rules. Do you make a motion to suspend the rules?

DR. LUCE: I move that we suspend the rules and that that be the procedure.

DR. CHRISTIAN: I second the motion.

The motion was voted upon and carried.

THE SPEAKER: Thank you: I take it for granted that these two gentlemen are good sports.

The name of Dr. DeGurse was drawn by the Speaker.

THE SPEAKER: The Speaker declares Dr. T. E. DeGurse elected senior alternate delegate, Dr. Gorsline second, and Dr. Denham third.

Thank you, gentlemen.

### XVII (8). PLACE OF ANNUAL MEETING

Next is the choice of the place of the next annual session.

DR. WENGER: Due to the fact that I understand there are no invitations or applications for that honor, I move that this body allow The Council to exercise its prerogative in choosing a place and letting us know where it is.

DR. CHRISTIAN: I second the motion.

The motion was voted upon and carried.

### XVII (9). PRESIDENT-ELECT

THE SPEAKER: The next is the election of a president-elect.

DR. CURRY: On behalf of the Flint delegation I take great pleasure in placing the name of Dr. Henry Cook before you as nominee for the office of president-elect of the Michigan State Medical Society. His service as Chairman of The Council speaks for itself.

DR. LUCE: I am not speaking for the Wayne delegation; I am speaking for myself personally. There are two requisites required in our executive officers. One is a high ideal of the quality of medical service; the second is that the laborer is worthy of his hire. The candidate whom I shall mention has these two factors as the dominant traits of his personality. Personally, I take pleasure in seconding the nomination of Dr. Henry C. Cook, of Flint.

DR. CHRISTIAN: It is a privilege to participate in the nomination of this man, as a result of the several years that we have known him and watched him work, and I believe that I am speaking for the average delegate, the average committeeman of the Michigan State Medical Society who has seen him. He has everything that it takes to lead us on and upward. I second the nomination of Dr. Henry Cook, of Flint.

DR. GREENE: As a delegate from the nominee's district, he also being a native son of my county, it gives me great pleasure to second the nomination of Dr. Cook.

DR. SHEETS: Eaton County has always been a strong advocate of the reward of merit. We bring into this state convention the same spirit, and it is a pleasure for me, on behalf of Eaton County, to support the nomination of Dr. Henry Cook.

DR. BROOK: I move that the rules be suspended and that the Secretary be instructed to cast the unanimous ballot of this House for Dr. Henry Cook for president-elect.

DR. STRYKER: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: Mr. Speaker, your Secretary takes great pleasure in casting the unanimous ballot of the House of Delegates for Dr. Henry Cook as president-elect.

THE SPEAKER: I therefore declare Dr. Henry Cook elected president-elect of the Michigan State Medical Society. It gives me great pleasure to invite Dr. Henry Cook to the stage.

Those in attendance arose and applauded.

THE SPEAKER: Gentlemen, I present the president-elect, Dr. Henry Cook.

DR. COOK: My Friends and Brothers (because that is the spirit in which we should work): You have conferred upon me the highest honor that I could ask for in my life's work. I prize the opportunity to serve the medical profession of the State of Michigan second only to that of serving my own family, and the only thing that I ask of you is that you will serve the profession of the State of Michigan and the public first, however, because our interests go hand in hand in that same spirit. You may oftentimes be called upon to render that service, and I expect and know that I will receive that coöperation, because it is a service that is well worth while.

I thank you again, gentlemen, for this honor, and I only hope that you will have the same feeling toward me two years from now that you have at this time. I shall endeavor to merit it.

I thank you. (Applause)

### XVII (10). SPEAKER OF HOUSE OF DELEGATES

THE SPEAKER: The next order of business is the election of a Speaker of the House of Delegates.

Dr. Riley took the Chair.

THE VICE SPEAKER: Nominations are now in order for the office of Speaker.

DR. SNAPP: I take great pleasure in nominating Dr. Frank E. Reeder to succeed himself as Speaker of the House of Delegates of this Society.

DR. STICKLEY: I second the nomination.

DR. BRASIE: I second the nomination.

DR. CASSIDY: I move that the rules be suspended, that the nominations be closed, and that the Secretary cast the unanimous ballot for Dr. Reeder for Speaker of the House.

THE SECRETARY: Mr. Vice Speaker, your Secretary does so cast.

THE VICE SPEAKER: I declare Dr. Frank E. Reeder elected Speaker of the House.

Dr. Reeder resumed the Chair.

THE SPEAKER: Thank you very much. I am much obliged.

### XVII (11). VICE-SPEAKER OF THE HOUSE OF DELEGATES

The next order of business is that of the election of a Vice Speaker of the House of Delegates.

DR. KEYPORT: I move the nomination of Dr. Philip A. Riley as Vice Speaker of the House.

DR. O'MEARA: I move that the nominations be closed and that the Secretary be instructed to cast the unanimous ballot of the assembly for Dr. Riley for Vice Speaker.

DR. BIDDLE: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: Mr. Speaker, your Secretary does so cast.

THE SPEAKER: I therefore declare Dr. Philip A. Riley elected Vice Speaker of the House of Delegates.

I believe, gentlemen, so far as I know, that that about concludes our session.

DR. BROOK: Gentlemen of the House, may I take this opportunity to express to you my sincere appreciation for reëlecting me as delegate to the American Medical Association. You have honored me this way for many years and I want to tell you that I thank you from the bottom of my heart for the honor you have bestowed upon me. (Applause.)

THE SPEAKER: There seems to have been some information given out here that, owing to the fact that there were amendments passed to the By-Laws which, of course, put them into effect immediately after they were accepted and adopted, that we must elect a Secretary. Can the Chair be informed? Heretofore the Secretary has been elected by the Council. Can anyone inform the Chair? Is it now proper to elect a Secretary? Dr. Luce, have you any knowledge of that?

DR. LUCE: May I ask the Secretary to read that particular section of the By-Laws governing the election of Secretary of the Society?

THE SECRETARY: Article 8, Section 2 of the Constitution provides that the President, President-Elect, Councilors, the Speaker and Vice Speaker shall be elected annually by the House of Delegates. The Secretary, the Editor, and the Treasurer shall be elected by the Council at its annual meeting in January of each year.

The amendment is to the By-Laws.

DR. LUCE: Dr. Ekelund, was the article that you read a part of the Constitution or the By-Laws?

THE SECRETARY: Of the Constitution, Article 8, Section 2. There was an amendment proposed at the last session of the House of Delegates last year which can be acted upon today, as I see it.

DR. LUCE: Then I understand that that particular portion of the Constitution has conformed with the requirements of the Constitution, having laid over one year. Am I correct?

THE SECRETARY: Yes.

DR. LUCE: I would interpret it that inasmuch as a change in the Constitution takes effect immediately, we are now proceeding under the Constitution as changed.

THE SECRETARY: It hasn't been changed. The amendment was submitted last year, but it hasn't been acted upon this year.

This was an amendment to the By-Laws. There is no change in the Constitution that I can find.

THE SPEAKER: Is there anything more to come before this House? If there is, let's take it up in the proper way.

DR. COOK: Mr. Speaker, in view of the fact that this House introduced a resolution to change the Constitution a year ago, and it has not been acted upon, it certainly is in order to act upon it, and it is not keeping faith with the House of Delegates if it is not given an opportunity to do so, it would seem to me. I have no interest in it. Certainly anything which has laid over should be acted upon. It is in the minutes, isn't it?

THE SECRETARY: It is published on page 92 of the handbook of the House of Delegates. It is No. 19. The House had presented to it a proposed amendment to Article 8, Section 2 of the Constitution, to provide for the election of the Secretary by the House of Delegates instead of by The Council. That was regularly submitted last year and had to lay over for one year, and should be acted upon today.

THE SPEAKER: If this is the fault of the Speaker, I assure you that I desire to apologize to the House, but it would seem to me that someone should have informed the Speaker of this necessary legislation at the particular time. This matter, as the Speaker sees it, which was laid on the table for one year, should have been taken care of. Therefore, it is under "Unfinished Business," and if the House so desires at this time, it may suspend the rules and open this up under the head of "New Business." I believe we have a right to take action.

DR. GRUBER: I move that the House of Delegates revert to the order of unfinished business.

DR. WENGER: I second the motion.

The motion was voted upon and carried.

THE SECRETARY: This was published in the November, 1935, issue of THE JOURNAL.

THE SPEAKER: What is your pleasure?

DR. LUCE: Again I want to ask a question. I don't think it can be answered except by reference to the Stenotype notes. Was this particular part re-

ported by your Reference Committee on Constitution and By-Laws?

THE SPEAKER: So far as the knowledge of the Chair is concerned, I believe not. I have no recollection of such. Furthermore, we are not under the head of "New Business." If we were to open this under the head of "New Business" it would require a two-thirds vote of the entire House, which we could not produce at this time. So far as the knowledge of the Speaker goes, I have no recollection of its having been read here.

DR. PINO: It did not come up at the Reference Committee meeting at all, this year.

THE SPEAKER: I think it is just too bad, and that it should be acted upon.

DR. PINO: We knew nothing about it.

DR. GRUBER: Is it necessary to refer it to a Reference Committee?

THE SPEAKER: It was referred to them a year ago.

DR. GRUBER: Where does it say in the Constitution that it must be referred to a Reference Committee?

THE SPEAKER: I don't know that it need be, except for formal introduction. I don't believe it would be necessary.

DR. RILEY: I would like to make a motion that the amendment as printed in the handbook be adopted.

DR. GRUBER: A point of order. I believe we have not voted on returning to the order of unfinished business yet.

THE SPEAKER: We have.

The Chair would like the attention of everybody, please.

DR. RILEY: I move that the amendment as printed in the handbook on page 92, Article 19, be adopted.

DR. CHRISTIAN: I second the motion.

DR. HENRY R. CARSTENS (Wayne): This amendment is not printed here. Possibly the delegates do not know what they are voting on.

May we point out that in adopting certain By-Laws this morning the intent of the House was quite clear, because of the duties of the Secretary, which were fully defined, as to from what source his appointment derives and who fixes his salary. That is entirely in accord with the Constitution as we have had it up until today. This is a marked change in the Constitution that will plainly be at variance with the By-Laws that we adopted this morning. This morning nobody brought up, so far as I know, that particular point, and the duties as specified there and the source of this appointment are quite clear and were indicated as being acceptable to the House by the adoption of the amendment to the By-Laws. This is in direct variance with that, and would again result in conflict with the By-Laws.

DR. GRUBER: I would have to disagree with Dr. Carstens, of Wayne. I didn't hear anything read or see anything that said anything about who was going to elect the Secretary. It just fixed his salary. The election is provided for in the Constitution, not in the By-Laws. This is an amendment to the Constitution. There is no variance so far as I can see. I am willing to be shown.

DR. TENHOUTON: It think it would be a good thing to vote on this amendment now and I would be in favor of voting it down. I don't see how the different delegates from around the state can possibly come down to a convention and know enough about any man to determine if he would make a good Secretary or not. I think the election of a Secretary should be left up to the unit of our organization that this Secretary has to work with and work for, and that is our Council. We elect a Council to take care of these men. I certainly would be in favor of voting down any amendment that would put the election of the Secretary back into a big body like our House of Delegates.

DR. LUCE: Mr. Speaker, I doubt the validity of any action we might take now. I therefore move that this matter be laid on the table for one year.

DR. GRUBER: I second the motion.

THE SPEAKER: The motion to table is not debatable. Those in favor say "Aye." Opposed, "No." The motion is carried.

## XVIII. ADJOURNMENT

DR. GRUBER: I move that we now adjourn.

DR. GREENE: I second the motion.

The motion was voted upon and carried, and the session adjourned at 1:35 o'clock p. m.